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ABSTRACT

This paper presents the results of a survey of 51 violence prevention programs around the country, including detailed case studies of a select sample, reviews of the evaluations of these programs, and recommendations for next steps to be explored during the conference. Part I discusses the survey of violence prevention programs. It describes a survey of state-of-the-art violence prevention programs (N=51). The survey results are discussed in the areas of geographic distribution, founding dates, program goals, funding sources, populations served, program settings, major activities, and program evaluation. Major achievements and major barriers described by the programs are discussed. Part II presents case studies of these violence prevention programs: (1) Boston Conflict Resolution Program; (2) Building Conflict-Solving Skills; (3) Gang Prevention and Intervention Program; (4) The Paramount Plan: Alternatives to Gang Membership; (5) Project Stress Control School-Based Curriculum; (6) Project Stress Control through Stress Management (SCSM) for Juveniles in Youth Development Centers; (7) Resolving Conflict Creatively Program; (8) Second Step: A Violence Prevention Curriculum; (9) Viewpoints Training Program; (10) Violence Prevention Curriculum Project; and (11) Violence Prevention Project. Part III presents conclusions obtained through the survey questionnaire and follow-up interviews. Appendixes include the survey instrument and additional program descriptions and evaluation information. (ABL)

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VIOLENCE PREVENTION FOR YOUNG ADOLESCENTS: A SURVEY OF THE STATE OF THE ART

Renee Wilson-Brewer, Stu Cohen,
Lydia O'Donnell, and Irene F. Goodman

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VIOLENCE PREVENTION FOR YOUNG ADOLESCENTS: A SURVEY OF THE STATE OF THE ART

Renee Wilson-Brewer, Stu Cohen,
Lydia O'Donnell, and Irene F. Goodman

September 1991

This is a revised version of the working paper prepared by Education Development Center, Inc., for the conference, "Violence Prevention for Young Adolescents," held in Washington, D.C., July 12-13, 1990, by Carnegie Corporation of New York.

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VIOLENCE PREVENTION FOR YOUNG ADOLESCENTS PROJECT

Education Development Center, Inc.

Cheryl Vince Whitman, Vice President, Senior Project Advisor
Renee Wilson-Brewer, Project Director
Stu Cohen, Senior Associate
Lydia O'Donnell, Senior Evaluator
Irene F. Goodman, Collaborating Evaluator
Betty Chouinard, Senior Administrative Assistant
Ruth Rappaport, Conference Coordinator

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The project described in this working paper was conducted in an attempt to answer a question often raised in Carnegie Corporation of New York workshops on adolescent/young adolescent violence: What have we learned from the evaluations of violence prevention programs that might inform future efforts?

With funding from the Corporation, under the auspices of the Carnegie Council on Adolescent Development, the project has begun to answer that question by surveying the state of the art of violence prevention for young adolescents and conducting a conference on the findings. The products of these activities are two working papers; the second is entitled "A Conference on Violence Prevention for Early Adolescents: The State of the Art of Program Evaluation."

Special thanks are extended to the following individuals for their support: Dr. David Hamburg, Carnegie Corporation president; Dr. Elena Nightingale, special advisor to the president; Dr. Ruby Takanishi, executive director, Council on Adolescent Development; and Lyn Mortimer, program associate.

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PART I
A SURVEY OF VIOLENCE PREVENTION PROGRAMS

INTRODUCTION

There is a new jacket on the market for children, and it costs 500 dollars. It is not filled with goose down or emblazoned with a much sought-after brand name. What makes this jacket so expensive is its lining: a flexible sheet of Kevlar capable of stopping a 9 mm slug from a semiautomatic. Designed by an ex-policeman turned security consultant, the jacket was being touted as "the latest for the urban kid in this era of drive-by shootings."[1]

In the view of many U.S. residents, violence is rampant in America—especially in the nation's urban areas and especially among the young. Even those who neither live nor work anywhere near an inner city need only pick up a newsmagazine to read such fear-inducing headlines as "Street Crimes of Fashion: Bloodshed over Clothes,"[2] "Kids Who Kill,"[3] "A Murder Rap at Age 10,"[4] or "1990: The Bloodiest Year Yet?"[5]

Violence is one of the most prevalent and destructive behaviors we face in the United States. But it is not a problem that exists only in the inner cities. Although large urban areas have some of the highest violence statistics, youth violence has no geographic limitations. It occurs much less frequently, but most often with greater impact, in suburban, small town, and rural areas. In Pinellas County, Florida, an assistant high school principal was killed and another administrator and teacher injured by students armed with stolen .38 caliber revolvers. In Goddard, Kansas, two teachers and junior high school principal were killed by a 14-year-old boy with an automatic rifle.[6]

And it is not just police in such urban areas as Washington, D.C.; Los Angeles; or Boston who have turned in their six-shot revolvers for more powerful weapons. It has also been reported that rural officers, who once favored old-fashioned pump shotguns, are switching to new fast-firing models. Last year, in the affluent suburb of Winnetka, Illinois, where spending per pupil is over $8,000,[7] police proposed to the village board that officers start carrying Uzi submachine guns.[8]

However, no matter where the violence takes place, what is undeniable is that the segment of the population that is most likely to be victimized, most likely to commit a violent crime, and most likely to be arrested is youth. After their early twenties, these same young people are most likely to be imprisoned for committing a crime.[9] And for some, the data on homicide, clearly the most permanent violence outcome, serve only as statistical verification of a daily reality. That reality is a pattern of violence that is ending young lives and putting the potential of other youth—and the communities in which they live—in increasing jeopardy.

It seems unnecessary to develop convincing arguments for the need to address the problem of youth violence. The statistics represent only a small portion of the magnitude of the

It seems unnecessary to develop convincing arguments for the need to address the problem of youth violence. The statistics represent only a small portion of the magnitude of the problem. However, it is important to provide a brief overview here.

According to a recent comparison of U.S. childhood mortality in eight industrialized countries, the United States ranks highest and second highest for death rates from violence and injuries.[10] A comparison of homicide rates among young males in the United States and in 21 other developed countries found that the U.S. rate was more than four times higher than the next highest rate.[11] And although homicide is the twelfth leading cause of death in the United States, it ranks second among 15-24 year olds and is the leading cause of death for African American males in that same age group, at a rate of 84.6/100,000 in 1987.[12] A recent review of homicide rates for African American males over the nine-year period of 1978-1987 also found that the increase since 1984 was especially dramatic among adolescent African American males, and that the disparity in homicide rates between African American males and other racial/gender groups, which was already large, has widened. From 1978 through 1987, annual homicide rates for young African American males were four to five times higher than for young African American females, five to eight times higher than for young white males, and 16-22 times higher than for young white females.[13]

It is clear from reviewing the statistics that homicide is not distributed evenly throughout the population. It takes its greatest toll among minorities, males, and the young. Among children, those under three and over 14 years old are most vulnerable to murder.[14]

Every day, 135,000 children bring guns to school. Every 36 minutes, a child is killed or injured by a gun, which equals more than 14,000 children per year.[15] Related to this finding are trauma center data that show a 300 percent increase in gunshot wound admissions of children under the age of 18; most were shot by other children ages 16 and under.[16]

Much of the violence that pervades the lives of youth does not result in homicide. Therefore, the preceding data, while illustrative, fail to consider the impact of nonfatal intentional injury. Although impossible to accurately quantify, its importance must be acknowledged, considering the ratio of assaults to homicides has been estimated as greater than 100:1 for the general population.[17] And physical injuries are just one type of nonfatal outcome. Psychological damage is even more difficult to quantify and, as a result, is undervalued when estimating violence outcomes.[18]

The need to address the problem of youth violence has resulted in a recent proliferation of prevention and intervention programs and materials. However, it has not been determined how widespread and how effective such efforts have been. One of the major conclusions of *Injury Prevention: Meeting the Challenge*, the National Committee for Injury Prevention and Control's two-year study of the state of the art in injury prevention, was that "there are few models and much uncertainty about the effectiveness of many available interventions [against interpersonal violence]. Therefore, the greatest need is to design interventions with specific, measurable objectives; evaluate the interventions, and disseminate the results widely."[19]

It was Carnegie Corporation's purpose in supporting the development of this background paper and the subsequent convening of the working conference to determine the state of the art of violence prevention for young adolescents. By investigating the breath and depth of current programs, their evaluation designs and results, as well as the barriers to effective program operation, and then presenting that information for review, discussion, and next-step recommendations, it was anticipated that the field would move forward. The choice of young adolescents—10-15 year olds—as the focus of this project was also based on a lack of information about this group, combined with a need to understand this age level. Little attention has been paid both to this population and the effectiveness of prevention and intervention efforts designed for them. In these ways alone, this project is unique—and sorely needed.

Background and Purpose of the Conference

In February 1990, Carnegie Corporation of New York funded Education Development Center, Inc. (EDC), of Newton, Massachusetts, for an eight-month period to conduct the following activities:

1. Identify violence prevention programs for young adolescents (10-15 years) in the United States.

2. Collect data about each program, including goals, target populations, major activities, and evaluation methodologies and outcomes.

3. Create a workshop document that describes these programs, summarizes evaluation findings, critiques methodologies, and addresses such issues as barriers to effective program design, implementation, and evaluation.

4. Convene an interdisciplinary group of violence prevention practitioners, violence and aggression researchers, program evaluators, and government representatives to discuss lessons learned and to collaborate in setting priorities for programs of service and research.

5. Prepare a final report for public distribution.

This background paper was the starting point for the discussions that took place July 12-13, 1990, in Washington, D.C. It presents the results of a survey of 51 violence prevention programs around the country, including detailed case studies of a select sample, reviews of the evaluations of these programs, and recommendations for next steps to be explored during the conference.

Conference participants were selected from a wide variety of fields and areas of expertise (see Appendix A). There were many other individuals whose participation would have added

much to the discussions. However, it was necessary to limit the total number of participants while also drawing on people from a range of regions and disciplines—and with a range of experiences and perspectives to share.

The conference was informed by and designed to build upon a recent series of Carnegie Corporation activities. The first is the report of the Carnegie Council on Adolescent Development's Task Force on Education of Young Adolescents. Entitled *Turning Points: Preparing American Youth for the 21st Century*, it examines all aspects of middle grade education and proposes a comprehensive set of reforms covering school organization, curriculum, classroom practices, health and counseling services, relations with families, and community linkages. Although the report did not focus on violence prevention interventions, *per se*, it did acknowledge that violence has become a serious problem that schools cannot solve in isolation, citing several programs that are employing new approaches to address the issue. The need for greater coordinated efforts and more resources was also noted, as was the association of crime and violence with poverty and limited opportunities. The report concluded that violence prevention for young adolescents will inevitably require "fundamental societal change."[20]

The Council reports *Life Skills Training: Preventive Interventions for Young Adolescents*,[21] and *School and Community Support Programs that Enhance Adolescent Health and Education*,[22] in combination with an earlier related paper, *Teaching Decision Making to Adolescents: A Critical Review*,[23] also provided important insights for this current report. All three focused to some extent on the importance of violence prevention, although that term was not always used.

For example, life skills training, as defined in the report cited above, is "the formal teaching of requisite skills for surviving, living with others, and succeeding in a complex society."[24] Social competence, a major category of life skills, involves nonviolent conflict resolution, friendship formation, peer resistance, assertiveness, and renegotiation of relationships with adults. Social support programs, operating in schools and community-based organizations, are designed to reduce the risk of both educational failure and poor health. Although few of the programs reviewed in the report had violence prevention as a goal, some of the stated program outcomes of others included reduced discipline problems (Mobilizing Parent and Teacher Support), less child abuse and neglect (Prenatal/Early Infancy Project), and lower dropout rates (School Transition Environment Program). And effective decision-making skills (also a major category of life skills) are essential for adolescents as they are presented with seemingly endless opportunities to take risks—many of which could affect their lives and the lives of those with whom they are in conflict—be they friends, family members, acquaintances, or strangers.

Finally, the Council's May 1989 workshop, "Prevention of Violence in Young Adolescents," reviewed the scientific evidence on the causes of violence—biological, psychological, and environmental—and began to explore a range of possible interventions. Many programs were introduced or discussed during the two-day meeting. However, there was not sufficient

time for an in-depth review of evaluation findings and the workshop was not devoted specifically to the development of programmatic goals and methods for intervention.

In recent initiatives, the Carnegie Council on Adolescent Development has explored the theoretical bases of violence, a major category of interventions (life skills programs), and the middle grade context in which much youth violence takes place.[25] To continue along this path, it is necessary to integrate the results of these activities with those of other efforts to examine youth violence as well as theoretical and practical expertise of individuals directly involved in the areas of violence prevention theory, practice, and policymaking.

Activities in Preparation for the Conference

To conduct a survey of the state of the art of violence prevention programs, a questionnaire and an initial list of programs were developed, based upon staff experience, a literature search, and recommendations from experts in the field. A two-stage survey was developed and the instrument was mailed to all identified programs (N = 83). The questionnaire (Appendix B) was designed to be answerable within 45 to 60 minutes. It solicited basic information about the program, such as goals, target populations, major activities, settings, funding sources, staff size, guiding philosophy, major successes, and barriers to operation. It also asked whether the program and its products, if any, had been evaluated and what kinds of data have been or are being collected. During a second stage of data collection, programs for which evaluations had been conducted were contacted for more detailed information.

Vital to the process of identifying violence prevention programs for inclusion in the survey and planning the conference was a local advisory committee (Appendix C). During two meetings, this group of researchers, practitioners, and policymakers helped to define the universe of violence prevention programs and add to their numbers for the survey. They also critiqued the questionnaire and suggested participants for the working conference. Their expert guidance was invaluable and we are indebted to this dedicated group of individuals for their hard work and commitment.

In the broadest sense, any program designed to ameliorate any of the risk factors for violence is aiding the goal of violence prevention. That is as true of a substance abuse prevention program as it is of Job Corps. However, for the purposes of this meta-analysis, the decision was made to focus on programs whose explicit goal is, or includes, violence prevention. This net was wide enough to accommodate programs that focus on conflict resolution, as well as several gang prevention programs. Also, as will be discussed, many of these programs do not target the young adolescent population that is the focus of the conference. However, there is much to be learned from violence prevention efforts with both younger and older populations that can be applied to the design, implementation, and evaluation of interventions for young teens.

It is also important to note that the programs we have examined are, for the most part, school- or community-based interventions directed at primary, and occasionally secondary, prevention. In nearly every case, the program was created in response to pressing social problems. There is, however, another important and growing stream of violence prevention activities that continues to be conducted by university-based researchers, particularly specialists in the psychology of childhood aggression.

Although cognitive factors are not the only underlying elements in aggressive behavior (situational factors such as abusive parents, rejection by peers, alcohol and drug abuse, etc., obviously play an important role) a growing body of work has demonstrated their significance in mediating broad patterns of behavior, including antisocial behavior,[26] aggression,[27] and socially competent peer interactions.[28]

Beyond improving our understanding of aggressive behavior, cognitive factors have been found to be modifiable through direct intervention programs that lead to significant and potentially enduring reductions in the related behavior.[29] The work in aggression replacement training by Arnold Goldstein and colleagues,[30] as well as Dan Olweus' interventions against bullying in Norway,[31] illustrate the importance of building cognitive skills.

With one exception (Case 9, Viewpoints), we have not chosen to focus on research-based interventions. Such interventions have tended to be narrower in focus when compared with the public health-based interventions and more limited in time, scope, and populations reached. Often, interventions that spring from a developmental psychological context are directed at clinically defined populations; for the most part, the record of disseminating and replicating these interventions has been limited. However, much can be learned from their generally more rigorous evaluations and this was an area of discussion during the conference since several participants have extensive experience in conducting research-based interventions.

The 83 violence prevention programs identified were sent questionnaires in April and May of 1990. We believe this list includes the majority of existing programs (see Appendix D). It is likely, however, that despite our best efforts, some programs were missed.[32] Fifty-one of the programs contacted completed and returned the questionnaire, for a response rate of 61 percent.

Violence Prevention Programs: The Survey Results

The survey revealed much basic information about current efforts in violence prevention. The tables below summarize the following survey areas: (1) geographic distribution, (2) founding dates, (3) program goals, (4) funding sources, (5) populations served, (6) program settings, (7) major activities, and (8) program evaluation. In addition to a range of fundamental program data, the questionnaire sought qualitative information that could not be

presented in tabular form. Therefore, immediately following the tables are respondents' comments regarding their program's major achievements as well as the barriers to program success.

Geographic Distribution

Geographically, programs are most numerous in Massachusetts and California. However, as Table 1 indicates, the remaining programs are widely distributed throughout the country, although the numbers are rather small.

Table 1
Geographic Distribution of Violence Prevention Programs and Questionnaire Responses

State	Number of Programs Sent Questionnaire	Number of Program Responses
Massachusetts	22	14
California	18	13
New York	6	3
Illinois	4	2
Maryland	4	3
Ohio	3	2
Pennsylvania	3	2
Michigan	3	1
District of Columbia	3	0
Minnesota	2	2
Texas	2	2
Wisconsin	2	2
Florida	2	1
Georgia	2	2
Washington	2	1
Kansas	1	1
Alaska	1	0
Missouri	1	0
New Mexico	1	0
Oregon	1	0
	N = 83	N = 51

It should be noted that although more programs were found in Massachusetts–the site of EDC–than in any other state, it is often the case that familiarity with one's own area will affect the ease of program identification. It is likely that more programs are in operation in some of the states listed above and that there are programs in states not listed in the table.

Valid conclusions regarding the geographic distribution of programs are difficult to draw from a review of the preceding table. In addition to our inability to identify all existing

programs, new programs are constantly being initiated, especially during the summer months, resulting in a ever-changing landscape. In addition, many programs are small scale (e.g., operating within a single church, school, or community-based organization), and extremely difficult to locate. The one indisputable conclusion is that there are a range of programs currently operating throughout the U.S. to address this problem.

FOUNDING DATES

Table 2, which lists the founding dates of violence prevention programs, illustrates that the vast majority have been established relatively recently, most of them between 1985 and 1989. The oldest programs identified—Come Together, in Downey, California, and the National Association for Mediation in Education, in Amherst, Massachusetts—were founded in 1965; the three newest programs, two based at the Sheppard Pratt National Center for Human Development in Baltimore (Conflict Management and Mediation and No Hang Ups) and the third, Educators for Social Responsibility, in Cambridge, Massachusetts (National Conflict Resolution Initiative), were begun in 1990.

TABLE 2
Founding Dates of Programs

Time Period	Number of Programs Begun
1965-1974	5
1975-1979	5
1980-1984	14
1985-1989	24
1990	3

In looking at these dates, it appears that the increase in programs coincides with the rise in youth violence. Although there has been a 2 percent decline in the total number of teenagers in the U.S. since 1983, between 1984 and 1989 the number of youth arrested for murder nationwide more than doubled (from 1,004 to 2,208), between 1984 and 1988 the firearm death rate for teens 15-19 years old rose a record 43 percent, and between 1984 and 1989 firearm murders committed by offenders under age 18 rose from 444 to 952.[33] A 1989 telephone poll regarding teen violence that asked adults, "Do you feel teenage violence is a bigger problem today than it was in the past?" found that the majority of respondents-88 percent-said "yes."34 Such increasing levels of violence and fear of violence would seem to be precipitating factors for program development and implementation. However, when respondents to the teen violence poll were asked about possible remedies, more violence prevention programs was not provided as an answer.

WAYS TO REDUCE TEENAGE VIOLENCE [33]

Remedies	Percentage who Favor
Tougher criminal penalties for juvenile offenders	79%
More government spending on educational and recreational facilities for teenagers	73%
Greater restraints on the showing of sex and violence on television	73%
Greater restraints on the showing of sex and violence in movies	70%
Greater restraints on sex and violence in rock-music lyrics	64%
Holding parents legally liable for the violent criminal actions of their children	46%

From a telephone poll of 506 adult Americans taken for Time/Cable News Network on June 1, 1989 by Yankelovich Clancy Shulman. Sampling error is plus or minus 4.5%.

PROGRAM GOALS

The major goals of the programs surveyed are presented in Table 3. The question was open-ended and respondents provided a variety of answers that are summarized below. It should be noted here that because of incomplete data or the possibility of multiple answers to several questions, the totals in all of the tables that follow do not always equal 51, nor do the percentages always total 100 percent.

TABLE 3
Major Goals of Surveyed Programs
(N = 51)

Goal	Number of Programs
Violence prevention	14
Conflict resolution	11
Gang prevention	8
Domestic/family violence prevention	6
Self-esteem development	6
Peer mediation	5
Nonviolence education	4
Teen dating violence/rape	4
Battered women/girls and batterers	3
Behavior management	3
Battering during teen pregnancy	1
Assault victims	1
Handgun violence	1
Safe schools	1

Project goals are wide ranging. Although violence prevention was cited as the major goal of many programs, others preferred to be more specific, citing, for instance, the prevention of handgun violence or battering during teen pregnancy. Clearly, all of the goals could be placed under the broad category of violence prevention. However, only 14 respondents actually used the broad terms "violence prevention" or "the prevention of violence" as their major goal. Others cited their program goal as violence prevention through mediation, conflict resolution, self-esteem development, etc.

FUNDING SOURCES

As is illustrated in Table 4 below, the programs surveyed are funded through an array of sources. This is why the percentages in the far right column total more than 100 percent.

TABLE 4
Sources of Program Funding

Source	Number of Programs	Percent of Programs
City	15	30
State	17	34
Federal	16	32
Foundation/corporation	26	52
Fee-for-service	22	44
Donations	5	*
Self-supporting	1	*

* one percent or less

Several additional comments must be made here. Although it appears that a great deal of support is coming from corporations and foundations, the funding from these sources is often small, supporting, for example, one staff person, one component of a multi-component program, or services to a limited number of participants.

Also, the final column totals 192 percent because many programs surveyed rely on several sources of funding that all are short term, usually one year. For instance, ten of the programs surveyed receive funds from city, state, federal, and foundation sources; three receive support from all of the sources listed above. Another respondent, New Center Community Mental Health Services of Detroit, reported that their program, Where Have All the Children Gone? which was begun with foundation support, is now self-supporting. The Violence Prevention Project based at the Boston Department of Health and Hospitals, which began as a three-year pilot program, is a now a city line item and is funded to provide training and technical assistance to schools and community-based agencies across the city. However, the program still operates one program that is funded by the federal government. Therefore, although Table 4 presents an accurate picture of the ways in which programs are funded, funding streams and strategies are continually changing.

Populations Served

When asked about the populations served by their programs, most respondents (N = 31) indicated they serve both males and females in roughly equal numbers. Only six programs were targeted predominantly toward males and three toward females. Respondents were also asked to describe the age groups, racial/ethnic groups, and specific populations with which program staff works. Their responses are presented in Tables 5-7.

Several comments must be made about the information in the following tables. Of those programs that serve all age groups (N = 15), one-third serve a primary target population (e.g., youth 0-15 years). Also, program staff do not always provide direct services to youth. Instead, violence prevention program staff train teachers, other professionals, etc., who then implement activities and/or programs with youth. So, in some cases, respondents included staff of youth-serving agencies as part of their target population and counted them when answering the question regarding age groups served. Please refer to Appendix D for specific information about each program's target population.

TABLE 5
Age Groups Served

Age Range (in years)	Number of Programs
All	15
0-10	6
10-15	23
16-21	23
22-25	12
26+	12
Data unavailable/not provided	5

In many cases, it was extremely difficult to obtain specific information about racial and ethnic groups served by the programs. As Table 6 illustrates, the majority of programs surveyed stated that they serve all racial and ethnic groups. However, it is extremely unlikely that all 17 programs serve a racially and ethnically diverse population. What is more likely is that although a program is not exclusive–that is, it is open to anyone wishing to participate–the composition of the population served reflects the demographics of the community.

TABLE 6
Racial/Ethnic Groups Served

Racial/Ethnic Group	Number of Programs
All	17
All except Native American	12
Primarily/only African American	11
White/primarily white	10
Primarily/only Latino/Hispanic	4
All except Asian/Pacific Islander	3
Native American + others	3
African American + others	3
Latino/Hispanic + others	3
Vietnamese only	1

In addition to requesting information about the age, race, and ethnicity of populations served by violence prevention programs, the questionnaire also sought to obtain data on the specific types of people with whom program staff work. The answers, which are listed in Table 7, range from teachers to inmates, although the majority of programs work with staffs of schools and youth-serving agencies, as well as parents.

TABLE 7
Population Groups with Whom Program Staff Work

Population Group	Number of Programs
Teachers	41
School administrators	32
Parents	32
Staff of youth organizations	26
Social workers	24
Health care providers	19
Police	15
Probation officers	11
Judges	8
Counselors, therapists	6
School support service personnel	3
Interfaith groups, churches	2
Inmates	2
Juvenile offenders	2
Data unavailable/not provided	4

PROGRAM SETTINGS

The programs surveyed perform their activities in one or more of the eleven possible settings listed below. They range from community-based organizations and schools to hospitals and prisons. Fifty-five percent of the respondents indicated that their program operates in settings that are populated by young adolescents. This comports with the data in Table 5; that is, that 45 percent of the programs **include** young adolescents (10-15 year olds) among their target populations. However, that does not mean that this age group is their primary target population.

TABLE 8
Program Settings

Setting	Number of Programs	Percent
Middle schools (grades 6-8)	31	62
High schools (grades 9-12)	31	62
Community-based organizations	27	54
Elementary schools (grades 1-5)	19	38
Shelters	13	26
Juvenile detention facilities	12	24
Preschools	11	22
Health centers	11	22
Prisons	8	16
Hospitals	8	16
Churches	3	5

Major Activities

Respondents were also asked to describe their program's major activities. The majority of programs surveyed conduct curriculum/materials development (N = 38). In general, programs that developed curricula or other materials also tended to specify the provision of training (N = 37) and technical assistance (N = 29) among their major activities. Con-ducting research and providing counseling and therapy sometimes overlapped with the curriculum/materials development group, but tended to be separate. Three programs identified all of the choices listed in Table 9 below as major activities.

TABLE 9
Major Program Activities

Activity	Number of Programs	Percent
Research	16	32
Curriculum/materials development	38	76
Technical assistance	29	58
Training	37	74
Counseling or therapy	20	40
Clearinghouse/networking	20	40

Program Evaluation

In preparation for a second round of more detailed data collection, the survey was designed to identify programs that had been the subject of some form of evaluation. The results of the second survey are described in detail in Part II of this paper. However, to complete the discussion of the preliminary survey, it is useful to look briefly at the responses to the evaluation question, which are categorized below.

TABLE 10
Nature of Evaluations

Response	Number of Programs	Percent
No evaluation conducted	8	16
No data available	7	14
Number of subjects counted	5	10
Participant feedback collected	8	16
Monitoring and participant feedback	12	23
Outcome evaluation conducted	11	21

Thus, the majority of programs indicated that some type of evaluation has been conducted. However, as will be described in Part II, definitions of what constitute evaluation ranged widely. For instance, although 70 percent of respondents stated that their program has been

or is currently being evaluated, 10 percent of this figure consists of programs that have only counted the number of people served, and another 16 percent have only collected participant feedback, primarily in the form of an evaluation questionnaire administered immediately after group trainings. And in the case of those programs that have monitored program participants and gained feedback, respondents reported that monitoring has often consisted of: (1) determining how many youth completed all phases of a program, and (2) obtaining their written and/or verbal comments on the program's usefulness.

Approximately half of the programs that conducted monitoring and participant feedback or outcome evaluation were of a quality that warranted additional investigation regarding evaluation. Nonetheless, there is much to be learned from all of the programs, not only in regard to their evaluation attempts, but also about both the barriers to evaluating school- and community-based violence prevention programs and ways in which those barriers might be overcome.

ADDITIONAL FINDINGS

As was stated earlier, respondents answered several survey questions that did not lend themselves to tabular presentation. The two questions that yielded the most revealing responses and are therefore reported here were: (1) What have been your program's three major achievements? and (2) What do you consider the three major barriers to making your program work successfully?

MAJOR ACHIEVEMENTS

The range of responses to this question was extremely wide. However, the vast majority of respondents (approximately 70 percent) cited as one of the three major achievements reaching a large number of people through activities that ranged from providing training and technical assistance to making presentations. Although some cited actual reductions in violence as an achievement (e.g., reductions in violent acts, a decrease in fighting that resulted in fewer office referrals, and reduced suspension rates for fighting in schools where the program was operating), this was the exception rather than the rule. For the most part, the achievements listed were so diverse that they defied strict categorization. The following list, which represents comments taken directly from returned questionnaires, highlights the diversity of responses:

- saving the lives of children and school staff in American schools by insisting on the development by schools of a systematic, proactive approach to school crime and violence

- adding significantly to the literature within the growing field of school safety and school climate

- increasing awareness of the problem
- creating safety in groups to talk about conflicts
- developing a depth of experience in the area of violence prevention
- getting teens to participate in direct service counseling
- gaining entry into schools systems
- providing first description of violent injuries in an African American community
- conducting first study of stabbing injuries
- creating a citizens' board
- developing approaches to violence prevention that are meaningful and fun for children
- helping teachers become more effective in dealing with conflict
- being able to do primary prevention of abuse at the level of the perpetrator
- obtaining teacher feedback that shows tremendous increases in student conflict resolution skills.

For the most part, the outcome of preventing violence among youth cannot be **directly** attributed to these achievements. They are accomplishments that, in the opinion of the respondents, have **contributed** to the prevention of violence. One notable exception is the first achievement on the preceding list: saving the lives of children and school staff by insisting on the development of a proactive approach to school crime and violence. However, even this achievement is not an outcome that has been evaluated in the short or the long term.

BARRIERS TO SUCCESS

Responses to the question "What do you consider the three major barriers to making your program work successfully?" can be placed in the following categories: (1) securing adequate funding, (2) working effectively with school systems, (3) developing community support to conduct gang prevention and intervention programs, and (4) conducting evaluations.

Securing Adequate Funding

Insufficient or uncertain funding was cited by a large majority of respondents. For almost all programs, stable, long-term funding is nonexistent, which many explained, translates into an inability to: (1) hire sufficient staff, (2) operate programs of significant scale or duration, or (3) provide continuity of service over time. Several respondents also added that it also presents programs with the difficult task of investing extremely limited evaluation resources most wisely.

Program staff expressed frustration with not having the funds to support follow-up with youth to see if an intervention really does make a difference. Although it is appropriate for programs to be evaluated by independent investigators rather than program staff, almost all programs surveyed reported that the funding they receive is earmarked almost exclusively for program services. The type of longitudinal evaluation that many respondents felt is needed requires a commitment of resources that goes far beyond what is currently available to them. In addition, rigorous evaluation of violence prevention efforts often working with schools, hospitals, neighborhood health centers, community-based agencies, police, the courts, and others to obtain data and coordinate services. Without exception, the programs surveyed reported being underfunded and, in turn, ill equipped to support staff positions or evaluation consultants to take on such an effort.

Working Effectively with School Systems

Overworked, stressed, and burned-out teachers: this is the situation that approximately half of all respondents working in school systems cited as a major barrier to their work. Respondents stated that teachers are often told they **must** implement a violence prevention program but are not involved in the decision about how and when to do so. They added that often when teachers are trained to implement a program they have not "bought into," they are resistant and resentful. Several said they felt part of that resistance is the result of a lack of confidence in the approach; in other cases, they resent the increased work load the new program entails.

Whatever the reasons for the resistance, respondents say it makes training difficult and proper program replication unlikely. One respondent asked, "How can teachers, placed in such a precarious position, with too much to do and very little support to do it, support us in the work we are trying to do?" A comment made by a few respondents was that many of the people they work with neither believe in and nor model nonviolent conflict resolution. One respondent said, "We are often very skeptical that what we're teaching teachers will be conveyed to students when it's clear that some of the teachers don't want to be doing this [going through training]."

Lack of uniform program application throughout the educational system was another barrier cited by approximately one-fourth of the sample. Several explained that a program is often used in only one classroom, or only a few classrooms within a school. They saw little commitment to the institutionalization of violence prevention. And most commented that

they felt long-term and widespread change will not occur unless entire schools, districts, and systems are involved.

And in those schools that did want to implement programs, respondents saw insufficient funding to purchase curricula, videos, and teacher training as a major obstacle. Ten respondents also cited as a major barrier to their work the lack of school support services to deal with the severity of some students' problems. One explained that when program staff went into a school to conduct training or implement a program, they found that they were expected, "with one small program," to solve many of the violence-related problems that exist. Said one respondent, "It was disheartening to see that no attention was being devoted to the school environment, counseling services, parental involvement programs, or other activities that, in combination, could reduce the level of violence."

Developing Community Support for Gang Prevention/Intervention Programs

On the whole, survey respondents who are staff members of gang prevention and intervention programs cited many of the same barriers to effective functioning as other types of violence prevention programs. However, at least half of the respondents cited denial of the existence of a gang problem as **the** major barrier to making their programs work. This denial, respondents stated, comes not only from city government, ("they don't want their city presented as an unsafe place"), but also from community residents, the school system, and parents. A related barrier cited by several respondents was a lack of parental support for their efforts.

Other barriers cited were wide-ranging and included what some termed "the increasing drug problem," which has resulted in increased levels of warfare over turf; gang members relocating from neighboring communities where there has been a crackdown on gangs to areas where the community is attempting to deal with the gang problem; and older "hard core" gang members who are released from incarceration and return to the community. Clearly, this last barrier is a problem for several reasons. The gang member may resume the violent activity that resulted in imprisonment or may want to find an alternative lifestyle but is unable to do so because he or she is back in the old neighborhood with the same friends—mostly gang members—and has few if any job skills.

Finally, almost all respondents in this program category cited as a major barrier a lack of sufficient funding, time, and staff.

Conducting Evaluation

Slightly more than one-third of all respondents cited as a major barrier to the successful operation of their programs a lack of understanding of evaluation procedures. Most stated that they did not know how to evaluate their activities properly. Several said they were uncertain about which measures of attitudes and behavior are appropriate for elementary, middle, and high school students and whether measures are similar across age groups,

genders, and risk categories. And still others said they did not understand why so much importance is placed on evaluation, especially since they were unconvinced that an evaluation could measure the true impact of their program. In general, this group of respondents felt the importance placed on evaluation, usually by funders, impeded the work they were doing because they were not provided with the assistance necessary to truly understand what evaluation is and the ways in which it can be conducted.

Among those who did express interest in conducting evaluations, several added that they did not know how to find people with expertise in the field of evaluation who could provide technical assistance. Nor, given the emphasis on funding and resource limits cited above, was it likely that such expert assistance would be seen as affordable.

BRINGING DOWN THE BARRIERS

Although survey respondents were not asked what steps must be taken to rid programs of the barriers they face, several offered their ideas, both on the survey and during phone interviews. These are presented below.

It is not surprising that without exception, respondents said the only way to deal with the problem of insufficient funding is to gain long-term financial support. A few said it is preferable for program funding to come from one source, which would eliminate the problem of trying to coordinate the expenditure of monies from several funding streams, all with different funding periods, restrictions, and reporting requirements. However, many of the programs surveyed receive funds from foundations, especially local ones, whose annual grantmaking budget is not large enough to support an entire program. In addition, foundations tend to provide support to a range of projects whose goals are consistent with theirs, rather than to provide large-scale funding to only one or two programs.

One way some foundations have been able to support programs whose funding needs far outweigh any one foundation's financial resources is through collaborative funding arrangements: two or more foundations jointly funding a project. Such efforts should be encouraged, although it is prospective applicants, not funders, who should take the initiative in encouraging such arrangements.

Foundations can also be proactive in supporting violence prevention programs through the development of special funding initiatives. One example of such an effort is the Hyam Foundation's recently announced program to support community organizing as a strategy for reducing neighborhood violence. This Boston-based foundation has: (1) conducted a year-long research project on neighborhood violence, (2) targeted seven geographic areas of the city for possible support, (3) identified one or two organizations within each geographic area, inviting each to submit a proposal, and (4) made four-year funding available to support projects in three to four of those areas. The organizations invited to submit proposals were selected because of their familiarity to the foundation, their concerns about issues of neighborhood crime, and their experience with community organizing and leadership

development. The foundation is asking that these "sponsoring organizations" take the lead in facilitating collaboration with other interested neighborhood agencies, organizations, churches, etc., to develop a proposal on behalf of the neighborhood. The foundation will also be providing technical assistance and training to the organizers, leadership, and community residents who will be involved, as well as contracting an independent evaluation of each funded project.[36]

The barrier of overworked teachers requires significant attention. Survey respondents are correct: If teachers are to be the effective implementers of school-based programs, then they must be involved when decisions are made about the type of program to be employed, as well as the most appropriate ways to introduce it. However, what must also be acknowledged is that all teachers are not effective violence prevention advocates. It may sometimes be best to first work with those who are both willing and able to become involved at a level required for effective program implementation. Other teachers may then be drawn in by the enthusiasm of the innovators, who can provide support to others.

However, teacher buy-in should not be the only concern. Getting support from principals and school district management may make it more likely that a program will be applied throughout an educational system–or at least throughout an entire school. But it is crucial to achieve a balance, involving teachers at an early stage while also gaining support from "higher ups" in a school system.

The lack of support–be it school, parental, community, or city–for gang prevention and intervention efforts is extremely difficult to address for the reasons previously cited by survey respondents. However, it seems clear that ignoring the problem of youth gangs will not result in their demise. Though concentrated in large cities, gangs exist in nearly all 50 states, and in small communities and rural areas. Examining those prevention and intervention strategies that employ community collaboration to prevent and/or reduce gang activity and disseminating that information widely is likely to reduce the fear that has stymied efforts in this area. Such community efforts include the use of crisis intervention teams including police, probation officers, and community workers, as well as collaboration between police and community members to counter gang activities.[37]

Lack of understanding of evaluation procedures by violence prevention practitioners is a barrier that would appear to be one of the easiest to address. The problem is not that practitioners cannot understand program evaluation; rather, most have never been even peripherally involved in any type of evaluation activity or acquainted with the basics of evaluation research or design. It is not surprising, then, that respondents' stated unfamiliarity with evaluation procedures and appropriate measures and their uncertainty about the importance of evaluation translate into fear and/or suspicion.

Although evaluation will be discussed in more detail in the following section of this paper, as well as in the complementary Council Working Paper, it seems appropriate to present several recommendations here. One would be to encourage funders to always support evaluation in

combination with direct services. This is not currently the case, according to several respondents. Said one: "We were shocked, to say the least, when we went for a second year of funding [from a local foundation] and were asked about proof of effectiveness. We kept very complete records of what we had done, as was required by the funder, but we never conducted what you would call an evaluation of our activities. We were never asked to–until we requested additional funding."

In addition, there is a clear need to develop a network of evaluators willing to assist practitioners understand evaluation and the ways in which it can be conducted, as well as to provide evaluation services, perhaps *pro bono* in some cases. The goal of such a network would not be to provide "teachers" to practitioners, but to help build collaborations between practitioners and evaluators to advance the field of violence prevention. Such progress is not likely to occur without outside encouragement since, as has been previously stated, even those practitioners who expressed interest in conducting evaluations said they did not know how to find people with expertise in the field of evaluation who could provide technical assistance.

Although bringing down the barriers to effective violence prevention programming will require considerable effort and more attention to evaluation, it is possible to eliminate many of them through better collaboration–among practitioners, evaluators, funders, and youth-serving institutions, agencies, and organizations, among others.

PART II
SELECTED EVALUATIONS OF VIOLENCE PREVENTION PROGRAMS

INTRODUCTION

The baseline data collected on all of the survey respondents was used to identify the current state of violence prevention evaluation for discussion in this section. We recognize that the term "evaluation" has different meanings for different people in different circumstances. For the purpose of this discussion, we will use the following definitions of terms:

> Questions about a project's implementation usually fall under the rubric of **process evaluation** ["What was done? "To whom?" and "How?"]. If the investigation involves rapid feedback to the staff or sponsors, particularly at the earliest stages of program implementation [and especially where materials development is concerned], the work is called **formative evaluation**. Questions about effects or effectiveness are often variously called summative evaluation, impact assessment, or **outcome evaluation**.[38]

Each program's response to the evaluation question was rated independently on a five-point Likert scale by two EDC evaluators. A score of 1 indicated that essentially no process, formative, or outcome evaluation had been conducted (e.g., no indication that even the numbers of individuals served was collected). A score of 5 indicated the likelihood of a methodologically sound outcome evaluation. In a few cases in which there was insufficient information provided to make this assessment, follow-up telephone calls were made.

The scores from each evaluator were combined, producing a possible total score from 2 to 10. Actual scores ranged from 2 to 8; in all but three cases, the evaluators' scores were in agreement. It was determined that all programs that received a score of 5 or higher would be followed up by phone or mail to collect more detailed program evaluation information. The qualifying score was kept low so as not to exclude programs collecting innovative data that might inform future evaluation efforts. For example, one program collects activity logs from participating children; another includes weekly letters from high-risk youth who are paired with elderly tutors. (Information about these and other programs not included among the case studies can be found in Appendix F.)

In the remainder of Part II, we present brief case studies of 11 programs that include evaluation components. Several factors governed program selection. We sought a range of cases to present a diversity of approaches and settings for reaching youth (e.g., schools, community-based organizations, detention centers), as well as programs that differ in size, length of operation, and region of the country. In addition, each program must have conducted some form of outcome evaluation, thus contributing both to an understanding of how violence prevention programs work and how efforts may be more rigorously and consistently evaluated in the future. Such data not only provides information on promising

approaches to violence prevention for young adolescents, but also points to some of the difficulties inherent in trying to measure the effectiveness of violence prevention efforts.

The case studies that follow highlight each program's goals and approaches. Each program evaluation is then described and critiqued in a Comments section. Following the 11 case studies, Part III discusses the conclusions reached from a consideration of the cases.

CASE 1

BOSTON CONFLICT RESOLUTION PROGRAM
Boston Area Educators for Social Responsibility, Cambridge, Massachusetts
1988-

GOAL
The Boston Conflict Resolution Program aims to prevent violence by helping elementary students, teachers, and administrators better understand and become more effective at dealing with conflict.

INTERVENTION
The program is being piloted at the Agassiz Elementary School in Jamaica Plain, a neighborhood of Boston. The project was initiated as an attempt to integrate conflict resolution work into a dropout prevention program. The program is considered a collaboration between Boston Area Educators for Social Responsibility and school personnel. The program's multiethnic staff works with teachers, conducting trainings, teaching demonstration lessons, facilitating teacher support groups, and providing individual teacher observation and feedback. They also work with student groups and help implement peer mediation programs. There are grade-specific curriculum materials that address many of the causes of conflict in schools, such as competition, miscommunication, prejudice, inability to express feelings, and lack of caring for others. One of the program developers, William Kreidler, conducted a training program in kindergarten through third grades in the school once a week for 12 weeks.

EVALUATION
Two independent researchers are currently conducting an evaluation of the program in the kindergarten, second, and third grades in order to determine the effectiveness of the approach and to link violence prevention/conflict resolution education to children's developmental stages. At the beginning of the school year and at the end, they gave a "picture drawing story" to students; they showed a picture to each child, told part of a story designed to provoke thought about conflict, and then asked the child to provide an ending. A

comparison group in a different school not receiving training also participated in the pre- and post-picture drawing story.

The evaluators observed all training sessions at the school to obtain data on implementation and children's responses to the lessons. They also interviewed teachers to record their perceptions of what changes they noticed as a result of the program. Finally, they have carried out in-depth Piagetian interviews with four children in each of the grades twice during the year (N=12). Next year they will carry out the same research with other classes in the school, as well as follow up with this year's participants. Ultimately, the researchers hope to establish a develop-mental taxonomy of how children can make use of and make sense of conflict resolution.

COMMENTS

The researchers, if given enough funding and graduate students to assist in the evaluation, would like to observe the children in their classes, not just during the training but at other times, to study behavioral change. They realize this lack of behavioral observation is a drawback of their research. The major barriers to program success cited were: (1) teachers who are overworked, overstressed, and burned out; (2) lack of support services to schools to deal with the severity of students' needs; (3) failure of society to address the roots of violence; and (4) insufficient funding.

CASE 2

BUILDING CONFLICT-SOLVING SKILLS
Kansas Child Abuse Prevention Council, Topeka, Kansas
1988-

GOAL

This program aims to teach upper elementary and middle school students skills for nonviolent problem solving. Its goals are clearly defined:

- students will know skills in resolving conflicts with peers, parents, and teachers without violence
- school staff will learn methods to train students in mediating playground disputes and to supervise mediations
- students in elementary schools will know skills in mediating conflicts with peers on the playground

- elementary counselors will learn methods for teaching students a conflict management curriculum

INTERVENTION

The eight-session curriculum developed for this program is designed to engage and instruct students about conflict management skills and attitudes. Students are instructed in communication, empathy, negotiation, and problem-solving skills and provided opportunities to practice them in relation to specific conflict situations. Also included in the program are classroom posters, a 20-minute video entitled *Talk To Me* that dramatizes three conflict situations among adolescent students, and a discussion guide. A second video, entitled *Listen To Me*, assists students in using listening skills and empathy.

EVALUATION

The program has been evaluated by the Kansas Family and Children Trust Fund and University of Kansas. The curriculum was evaluated at a fifth-grade level in four elementary schools—two rural and two suburban. A pre- and post-test comparison group design was employed. Four fifth-grade classes were enrolled in the experimental group; they took the pre-test, participated in the program, and completed the post-test during the last session. A nonrandom comparison group of one fifth-grade class in the same school received only the pre- and post-tests.

In the first part of the test, a 12-item written instrument assessed learning outcomes. It was adapted from the 35-item Organizational Communication Conflict Instrument developed by Putnam and Wilson, for which internal consistency ratings were available. Items were revised to be language and content appropriate for the age group. In the second part of the test, students were asked to: (1) identify actions that either escalated or de-escalated an argument; (2) label the feelings of two girls who had a disagreement; and (3) complete a response for a boy being teased by another child. Teachers instructed students on the use of the six-item response scale used in the first part of the instrument.

Eighty-seven experimental-group fifth graders completed pre- and post-tests, as did 22 members of the control group. Groups were evenly split by gender. Experimental group students showed significant positive changes on the conflict instrument, although for two of three subscales, which measured dimensions of nonconfrontation response and control-oriented response, differences were small. Experimental group students also showed greater gains in knowledge about conflict and identification of words and actions to de-escalate conflict.

Gender differences were also examined. In general, girls started out more "solution-oriented" than boys and also demonstrated the largest positive change. Boys in the experimental group ended somewhat less solution-oriented than the girls were before the intervention. Girls in the experimental group also showed the largest gains in knowledge of

words and actions that escalate conflict. Although girls' scores were also higher than boys' on knowledge of words and actions to de-escalate conflict, gain scores were similar by gender.

COMMENTS

Pre-post measures were derived from a validated instrument used in business settings, but not previously used with elementary school students. This is illustrative of a lack of consensus about what are appropriate measures of attitudes and behavioral intentions for elementary, middle, and high school students or whether these measures are similar across age groups, genders, and risk categories. In addition, the evaluation has limitations similar to those of many of the other cases depicted in this working paper: emphasis on knowledge and attitudinal outcomes, lack of behavioral or observational data, and problems with control group comparison. The study design was relatively modest, undoubtedly reflecting one of the major problems facing most violence prevention program evaluation efforts: the difficulty of deciding how to invest extremely limited evaluation resources most wisely. The two stated barriers to successful program operation cited in the questionnaire were a lack of strong commitment from the schools and training educators to teach the course adequately.

CASE 3

GANG PREVENTION AND INTERVENTION PROGRAM
Turning Point Family Services, Inc., Garden Grove, California
1986-

GOAL

The program seeks to provide positive alternatives to youth at risk of gang activity, and to reduce gang recruitment and violence perpetrated by youthful offenders. The philosophical base of the program was derived from the recommendations of the California Council on Criminal Justice, State Task Force on Gangs and Drugs.

INTERVENTION

An eight-week course is offered to students, about one-third of whom are young adolescents between the ages of 10 and 15. More than 17,000 students, most of them Latino and Asian (72 percent), have participated in the curriculum, and about 10,000 teachers and 8,000 parents have been trained in the use of the program. An elementary and intermediate school prevention curriculum (grades 2-6) was developed for use in Orange County, California, schools. A similar curriculum, entitled *Positive Alternatives to Youth Gangs*, was prepared for 13- to 17-year-old incarcerated violent offenders or potential high-risk youth who exhibit characteristics of gang affiliation. The curriculum focuses on building self-esteem and

decision-making skills to resist peer pressure and violence. The program, which has nine full-time and seven part-time staff members, some of whom are bilingual, also conducts community mobilization meetings, individual and family counseling, conflict resolution services, and recreational activities for youth. The program publishes a quarterly newsletter, *Gang Trends*.

EVALUATION

The program is monitored by funding agencies such as the State of California, Office of Criminal Justice, and various cities, as well as the Office of Juvenile Justice and Delinquency Prevention. Demographic information and documentation of client data are filed on a quarterly basis. Evaluation of the curriculum is not carried out in a systematic way. There is anecdotal evidence that a reduction in fighting has occurred after students are exposed to the curriculum. The program administrator defines success as program completion.

An unvalidated pre- and post-test of attitudes and awareness of gangs, drugs, fear, and friendship is included in the curriculum outline. The administrator indicated it is not used in any systematic way because the program has no evaluation staff and no computer. Program staff "look through the tests periodically and make necessary adjustments to the curriculum." They also talk with teachers and ask if they notice any reduction in fighting and violence after using the curriculum.

COMMENTS

Given the extremely large numbers of students who have participated in this curriculum, it is of some concern that success is measured solely by whether students complete the program. Figures of reincarceration or gang membership might be obtained to determine whether the intervention indeed has a long-term effect. The program cites as its three major barriers to making the program work: (1) the difficulty of institutionalizing community concepts into the youth services systems; (2) inconsistent funding by private industry, as well as federal and state funding agencies; and (3) systemic denial of the existence of a gang problem.

ADDENDUM

Turning Point Family Services, Inc., was dissolved by the governing board in June 1990, and the Gang Prevention and Intervention Program was terminated. Programmatic funds designated for fiscal year 1990-1991 ($479,500) were reallocated to various prevention, intervention, and suppression programs throughout California. However, portions of the program's intervention strategies are still being used. The elementary/intermediate school curriculum has been integrated into the activities of four agencies/programs: Orange County Youth Family Services, Inc.; Project PRIDE, City of Santa Ana; Stockton Boys and Girls Club; and The Foundation for Self-Esteem, Pacific Palisades. *Positive Alternatives to Youth Gangs* is being used in part by the following: Orange County Department of Probation, Joplin Camp; California Youth Authority, Norwalk; and City of Westminster, Gang and

Drug Prevention Program. And finally, various aspects of the philosophical foundation of the program and the curricula have been integrated into the Community Reclamation Project in Lomita, California, where the former director of the Garden Grove program is currently employed.

CASE 4

THE PARAMOUNT PLAN: ALTERNATIVES TO GANG MEMBERSHIP
City of Paramount, California
1982-

GOAL

The Paramount Plan seeks to prevent youth from joining gangs by working with pre-teen youth and their families to increase awareness of constructive alternatives.

INTERVENTION

The program consists of a curriculum, *Alternatives to Gang Membership*, developed by Tony Ostos, who works for the Department of Human Services in Paramount. Each year, Ostos, and other city personnel present a 55-minute unit weekly for 15 weeks in all the fifth grades in the seven elementary schools in the district. The units cover such issues as graffiti, peer pressure, tattoos, the impact of gang membership on family members, gangs and drugs, and other opportunities and alternatives for youth. Research conducted by city staff indicated that interest in gang membership usually begins at age 11 and sometimes earlier, with a "crisis period" occurring as a child progresses from elementary to middle (or junior high) school.

Another component of the Paramount Plan is the intermediate school follow-up program. Eight biweekly school presentations are made to seventh grade classes in the two intermediate schools in the same school district. These presentations are designed to reintroduce, reinforce, and expand concepts previously presented at the elementary school level. They also reach new students who did not participate in the fifth grade curriculum.

A third component of the Paramount Plan consists of the basic parent-community awareness meetings for parents of the children in the targeted classes, as well as to any other interested parents. In addition, through family counselors, the program works on a more personal basis with teens who are at high risk for gang involvement and their parents, in order to discourage their joining. Ostos would like to expand the program to include sessions with ninth graders at the high school.

The program has been widely replicated in several school districts in the Los Angeles area (Long Beach and San Diego) by school departments, police departments, and local human services offices. In addition, the Honolulu Police Department has adopted it for use in that city's schools. Mr. Ostos indicates that the type of agency in a city sponsoring the program

is determined by which one recognizes that gangs are a problem and can allocate the resources to address the problem.

EVALUATION

In its seventh year, the program has served more than 3,000 youth; more than 250 neighborhood meetings have been held. Four separate studies have been conducted to assess program effectiveness. The first study was based on a simple pre- and post-test design in which questionnaires were used to measure elementary school children's attitudes toward joining a gang. Prior to participating in the sessions, 50 percent of the students were undecided about joining a gang; at the conclusion of the program, 90 percent responded negatively toward gang membership. Numbers sampled were not provided. In a second study, a control group was added. Their responses stayed the same pre- to post-test (50 percent undecided both times), whereas the experimental group registered the same changes as in the first study. The third study included a one-year follow-up of program participants at the intermediate school; 90 percent continued to respond negatively toward gang membership. A fourth study was a follow-up of a random sample of original program participants. Ninety-eight percent indicated they were staying out of gangs.

In 1987, another follow-up was conducted, four years after students had participated in the fifth grade program. Of the 400 ninth graders answering the questionnaire, 122 had participated in the fifth grade. They were asked: (1) Are you a member of a gang? [1 percent answered yes]; (2) Do you think the program has helped you stay out of gangs? [80 percent answered yes]; and (3) Do you use drugs? [10 percent answered yes]. They were also asked what is the one thing they remember most about the program. There are no written results of these studies available.

Ostos' estimate is that approximately 85 percent of those taking the curriculum do not join gangs. Of the 15 percent who do join, he sees a positive change in approximately 5 percent, through his staff's intervention.

COMMENTS

Self-reports from students about gang membership have serious problems. For instance, the high percentage of participants who have completed the program and then respond that they won't join a gang may be influenced by their feeling that this was the "right" answer. Another problem in evaluation is when the success of a program appears to be determined largely by the charismatic personality of the presenter. In an open-ended question on a follow-up questionnaire, 53 percent listed Tony Ostos as the thing they remembered most about the program. Although this is undoubtedly a major benefit for the program, it raises questions about replicability and makes it difficult to identify other key elements of the program that may lead to success.

Thus far, the program has been unable to collect statistics on membership in gangs—for instance, whether gang membership or violence has decreased or increased in the past five years in the district where the curriculum has been offered. The project staff would like to examine school records and arrest records to assess whether participation makes a difference on such indicators; however, this requires additional resources not currently available. The program named as its three major barriers: (1) the relocating of gang members from neighboring communities to Paramount; (2) older "hard core" gang members who are released from incarceration and come back to the community; and (3) parents' and school officials' unwillingness to address the problem.

The program has the potential for more rigorous follow-up evaluation, particularly because the children are targeted in fifth grade and again in seventh grade. Possibilities for real control groups (in other school districts, for instance) exist. However, this would require far greater evaluation resources.

CASE 5

PROJECT STRESS CONTROL SCHOOL-BASED CURRICULUM
Wholistic Stress Control Institute, Inc., Atlanta, Georgia
1984-1987

GOAL

The goal of this primary prevention school-based project was to reduce stress in students, parents, teachers, and administrators by providing training, consultation, and educational materials on positive coping skills for stress reduction.

The general program model that was field tested and evaluated for this project was developed to address the high stress level within an elementary school due to such factors as poverty, single-parent families, unemployment, violence, and substance abuse in the community. These problems manifested themselves in students through low self-esteem, poor academic performance, high suspension rates, and increased fighting and discipline problems. Over the years, the model has evolved from a focus on intervention to prevention. To date, 30,000 students and 1,500 teachers and administrators have participated in school-based programs sponsored by the Wholistic Stress Control Institute.

INTERVENTION

The project aimed to teach individuals techniques for effectively dealing with stress, and to modify the school environment through awareness of stress-related behaviors. During the first year, the project targeted fourth and fifth graders at the Beavers Thomas Elementary School, a part of the Fulton County School System, where it was felt that violent behavior and suspensions most interfered with school attendance and performance. These students

participated in stress reduction classes as well as cultural field trips, student rap groups, an overnight camping trip, and an eight-week long instructional after-school program aimed at increasing learning and improving study skills. Teachers and administrators were provided stress training workshops, educational seminars, consultation, referral and resource information.

Classes focused on learning the following stress-control techniques: progressive relaxation, biofeedback, communication skills, deep breathing exercises, centering/meditation, stress-free learning, nutritional tips, positive thinking, yoga, problem-solving skills, and imagery/visualization skills. In addition to the classroom material, an anger-relaxation center was established where students could vent anger and relax afterwards; a new discipline plan was developed; parents were contacted more frequently than before concerning student behavior, academic progress, and parent participation; and a community advisory committee met regularly.

During the second year, second and third graders were added to the target population, and by the final year, kindergarten and first grade classes were also included. Because of early indications of success, the program was expanded into an additional school, Brookview Elementary, for second through fifth graders.

Beavers Thomas Elementary School was targeted because of its high level of stress, as documented by the high incidence of violent behavior by students. Brookview Elementary was chosen because of its high number of latchkey children (70 percent), that is, children who did not have adult supervision after school.

Implementation and evaluation was supported under a grant from the Georgia Department of Community Affairs, the Juvenile Justice Council, and the National Council of Negro Women.

EVALUATION

Although the evaluation was primarily formative in nature, measurable outcome objectives were identified for each school. At Beavers Thomas, for example, the project aimed to decrease the number of office referrals and the number of in-school suspensions by 20 percent; to increase parent and community participation in the school by 10 percent; to increase public awareness of delinquency prevention by 20 percent; to stimulate changes in school policies, practices, and procedures; and to increase students' academic performance. Objectives for Brookview were similar: to increase student, parent, and teacher awareness of positive approaches to stress management; to decrease office referrals by 10 percent; and to increase public awareness and improve linkages between school support services and human service providers within the community by 10 percent. Baseline data were obtained for most objectives. A control group school was dropped during the first year because the overall baseline data showed it was not a good match for such a study.

BEAVERS THOMAS SCHOOL

During the first year, 132 students in two fourth and two fifth grade classes completed pre- and post-test questionnaires that included a project-developed stress inventory (with brief sections on thoughts, feelings and behavior) and locus of control test. Group scores were compiled and averaged by sex and grade level. No differences were found on locus of control. Post-test means on the stress inventory were significantly lower than pre-test scores; this decrease was greater for boys than girls. Both teachers and students received higher post-test scores on an additional questionnaire assessing stress awareness and knowledge of the subject matter.

To assess changes in school environment and disciplinary actions, baseline data were collected on the number of suspensions and violent incidents. Students referred to the principal's office received an office referral card on which the violation that occurred was specified, according to one of three categories. Type 1 included violent acts such as hitting, fighting, kicking, striking with a pencil, hitting with objects. Type 2 consisted of refusing to obey authority, not following directions, leaving campus without permission, skipping school, and failure to complete assignments. Type 3 included moral infractions, masturbation, inappropriate touching of others, cursing, racial slurs, obscene gestures, and stealing.

Baseline data for the year 1983-1984 indicated 150 referrals, compared to 75 during the intervention year 1984-1985, for a decrease of 50 percent. Compared to baseline data, there was also a 40 percent decrease in suspensions (19 to 11).

In addition, the evaluation notes small group gains in scores on the Stanford Achievement Reading (4 months) and Math tests (1.1 year). Increases were also reported in attendance at parent-teacher meetings and parent-teacher conferences. While difficult to quantify, based on estimates of baseline activities, the project also reports increases in public awareness of delinquency prevention, community involvement, and increased linkages among services were noted.

During the second year, the project evaluation focused on second and third grade students, using the same indicators as above. There was a similar reduction in office referrals (20 percent). Using the same stress inventory for this age group, again there were positive directional changes. Total number of school suspensions remained the same as in the first year, while there were one-year gains in reading and math.

During the third year of this project, evaluation focused on kindergartners and first graders. Office referrals by 50 percent, in-house suspensions were reduced by 35 percent. Small increases in parent participation were noted.

BROOKVIEW ELEMENTARY SCHOOL

The first objective at this location was to increase student, parent, and teacher awareness of positive approaches to stress management. To measure whether this objective was met, evaluation instruments included the stress inventory, described above, as well as a coping skills inventory (developed for the project) measuring the extent to which coping skills to reduce the level of stress were stabilized. An experimental group consisted of 78 students in grades two through five; a nonequivalent control group from a different school contained 74 students at similar grade levels. The experimental group scored significantly higher on the Stress Inventory post-test; no differences were found on the coping skills inventory. Greatest changes in mean scores were noted among fourth graders; small differences are noted for boys and girls. The evaluation report suggests that continuation of the program for a longer period would allow students additional training for stabilizing their stress-coping skills.

Parents and teachers evaluated the program as good to excellent, and classroom teachers using the program felt there had been improvements in the symptomatic behavior of children.

There was a 47 percent decrease in office referrals for those classes that participated in the project (130 to 69). Type 1 offenses (violent acts, fighting, etc.) showed the largest decrease. The project also reported a 20 percent increase in support services and a 30 percent increase in public awareness, based on estimates of baseline indicators.

COMMENTS

This project was an ambitious effort, with objectives that ranged from the very specific (teaching stress management techniques) to more global (increasing grade level performances; improving linkages with community human service providers). Implementation and evaluation were accomplished with minimal funding during the project period. In keeping with its multilevel approach to school-based intervention, an emphasis was placed on obtaining multiple indicators of program impact. However, these were not directly linked to key program components, making it difficult to identify which aspects of the intervention are most successful. In addition, resource constraints made it impossible to capitalize on some valuable evaluation opportunities, including following participants for the whole project period, not just their initial year of enrollment. Only sporadic use was made of control groups, mostly for attitudinal measures. There were no control group comparisons on behavioral indicators. In addition to the above evaluation findings, project staff report three barriers to program success: teacher or instructor negative attitudes and beliefs, as well as lack of commitment; lack of parent participation; and lack of uniform program application throughout the educational settings.

CASE 6

PROJECT STRESS CONTROL THROUGH STRESS MANAGEMENT (SCSM) for Juveniles in Youth Development Centers Wholistic Stress Control Institute, Atlanta, Georgia 1988-1989

GOAL

To provide consultation, training, and educational resources in the area of wholistic stress management for staff, youth, and their parents in order to teach them how to use positive coping skills for stress reduction in their lives.

INTERVENTION

Developed as an intervention demonstration project with support from the Georgia Governor's Commission on Children and Youth, this program targeted staff of the Atlanta Youth Development Center (AYDC), the troubled youth at AYDC, and their parents.

The intervention consists of staff training and youth participation in a six-week course on stress management and drug education. Ten training workshops on stress management were presented to 44 staff members. Three six-week courses on stress management and drug education were held with 81 youth between the ages of 9 and 17 years old. Forty-two parents participated in three educational workshops and twelve consultative sessions were held with teachers. As part of their exit program, youth viewed a newly developed 17-minute video titled "I'm in Control."

EVALUATION

Two written measures were used to test program impact. First, youth completed pre- and post-test questionnaires, a stress inventory designed to measure level of stress experienced and a coping skills inventory designed to elicit responses related to the subjects' coping behavior when confronted with stress-inducing situations. These were the same instruments used for elementary students, as described in Case Study 1. Second, behavioral reports were obtained from teachers on offenses such as fighting, self-destructive behaviors, disrespect, disruptions, disobedience, property destruction, and drug and substance violations. In addition to these measures of attitudes and behavior, evaluation questionnaires collected information about participants' reactions to the program, its content, and their commitment to change.

Youth residents participating in the sessions comprised the experimental group, and they were given pre-tests at the beginning of each module and post-tests at the end. Control group subjects were pre-tested around the time of admission to the facility and again near their release. Assignment to groups was nonrandom and was based on whether the period of

residence at the institution precluded or allowed participation. No statistically significant difference was found in pre- and post-test scores on the stress inventory; both experimental and control groups had higher scores on the post-test coping skills inventory, although this difference was only statistically significant for the experimental group. On specific items, although the experimental group more often reported they had learned to cope with being upset by "going someplace to be by myself" and "taking deep breaths," there was no difference in either group regarding tendencies to resolve conflict by physical means.

In addition to the written questionnaires, data were collected on 35 youth who not only participated in the sessions on stress management but also were present at the facility at least three weeks prior to and after course attendance, thus allowing data to be collected over a period of nine weeks. Data collection was based on AYDC records of youths' daily behavior offenses. Minor offenses recorded include fighting, then stopping with no harm done; failure to show proper respect; and minor unit disruptions. Major offenses include fighting, continuing to fight after being told to stop and injury occurs; assaulting staff; drug and substance violations; defacing or destroying property; self-destructive behavior; willful and continuous disobedience; and gross disrespect. Baseline data were obtained on the 35 youth for the three weeks prior to treatment and compared to post-treatment data for the three-week period after course completion. Seventy-four offenses were reported pre-treatment, compared with 52 post-treatment, for a reduction of 30 percent. This represents an average of 2.1 offenses per youth pre-treatment, compared to 1.5 per youth post-treatment. There was no control group.

COMMENTS

As Larry Linker, a research consultant to the project, noted in the final report, "basing success/failure judgments about a project such as the one in question (primarily) upon responses to written instruments is, under the very best of conditions, risky business. In this case, given the general characteristics of the research population and the nature of their living environment, behavioral data would be more appropriate as a measure of program impact. Indeed, the methodology employed for this evaluation raises more questions regarding the efficacy of the evaluation than about the value of the work performed."

In response to the evaluation findings, project directors report that the design of the intervention interfered with the evaluation activities in a number of ways.[39] First, the instruments used to measure stress and coping skills have never been validated and were not initially designed for use with high-risk adolescents. Second, all staff were trained in the program, whether or not they were involved in teaching experimental or control group youth. After probing, it was found that the control group was exposed to coping skills by trained staff. They point out that an ideal control group might be selected at a different site location. However, in the state of Georgia, this is the only facility of its kind, since others serve youth who have committed more serious offenses.

CASE 7

RESOLVING CONFLICT CREATIVELY PROGRAM
Cosponsored by New York City Public Schools and Educators for Social Responsibility Metropolitan Area, New York City
1985-

GOAL

The overall goal is to incorporate conflict resolution and intergroup skills into the classroom curriculum and regular social interactions. Objectives of the program include

- showing young people nonviolent alternatives for dealing with conflict
- teaching children skills to make nonviolent alternatives to conflict real in their own lives
- increasing students' understanding of and appreciation of their own culture and of cultures different than their own
- showing children they can play a powerful role in creating a more peaceful world

INTERVENTION

The Resolving Conflict Creatively Program was initiated in 1985 in Community School District 15, Brooklyn, and is now being offered in more than 14 school districts as well as the High School Division, and 120 schools. The basic components of the program consist of a 20-hour training course for teachers, classroom instruction in creative conflict resolution and intergroup relations based on a ten-unit curriculum, classroom visits by expert consultants (10-12 visits per teacher), and monthly two-hour follow-up sessions with consultants in individual schools. More than 1,200 teachers and administrators and 30,000 students participated during the current school year.

In 1987, a student mediation component was added to the program. Currently, there are 10 mediation programs coordinated by RCCP. Faculty advisors to student mediators participated in a two-day training on mediation techniques and implementation. An RCCP mediation coordinator provided ongoing faculty support. Selected student mediators received a three-day training preparing them to resolve disputes among peers.

EVALUATION

Metis Associates, Inc., an independent educational evaluation firm, was hired to conduct an evaluation and document whether the program has a significant impact on attitudes and behaviors of students and teachers. Specifically, their task was fourfold: (1) assess the

implementation of various components; (2) appraise the impact of the program on participating students, staff, and administrators; (3) assess the impact of the mediation component on students and school climate; and (4) make recommendations for how to improve the program.

Information was obtained in the following ways:

- **a survey of 200 teachers who had participated in the program during 1988-1989.** The survey instrument included items on the perceived impact of the program on teachers, school climate, and students; the effectiveness of the training and specific program components; the extent to which the teacher has implemented the program; and ways the program might be improved.

- **a survey of administrators from each of the participating schools.** The questionnaire focused on goals and expectations for the program and perceptions of program impact.

- **a student achievement test of knowledge of concepts related to the program and self-reported conflict resolution behaviors.** A representative sample of 176 fourth through sixth graders from District 15 completed this written test, along with a matched control group of 219 students who had not participated in the program.

- **a survey of approximately 150 teachers, 11 school-based program personnel, and 143 students in the five schools in District 15 that were participating in the peer mediation component.** Respondents were asked about their experiences in peer mediation and their perceptions of whether the program had affected class/school climate.

Results indicate that, overall, RCCP was implemented with few problems. Administrators were positive about the program and optimistic about its future in their schools. However, they did, indicate a logistical difficulty: at times there had been insufficient preparation time to facilitate scheduling and programming of activities.

Sixty-five percent of the participating teachers returned their surveys; the vast majority of respondents (89 percent) rated the training as very good or excellent. More than three-quarters of teachers were very positive about their work with staff development consultants. They liked the demonstration lessons that were offered, the help they received with planning conflict resolution classes, and feedback on their own teaching. Most (67 percent) reported that implementation of the program was good.

Whereas before the program, only a quarter had been providing any conflict resolution instruction; after training half reported that they spent four to six classroom periods per month teaching the curriculum and 21 percent indicated they devoted even more time. Eighty-five percent said they had been able to include conflict resolution into the rest of their

lessons, although some requested additional help trying to adapt the material to other lessons. However, when asked about next steps, only 42 percent reported that they plan to continue to integrate the curriculum into daily classroom instruction and improve upon current techniques. A similar number plan to explore the curriculum with students more in-depth during the next school year. Teachers also wanted more involvement in the mediation component, and to see the program expanded to include parents and additional grades and schools.

Teachers reported that their own attitudes about conflict and conflict resolution had improved as a result of program participation. They stated that they are more willing to let young people take responsibility for solving their own problems, and they are more understanding of individual children's needs and concerns.

As one teacher explained, "In the past I have felt frustrated and incapable of helping those with a great deal of anger. As a result of the RCCP training, I can clearly see that with the tools and insight I've gained, I can facilitate a solution." Another stated: "I now view conflict as something positive and not something which should be avoided at all costs."

Between 66 and 78 percent of teachers felt the program had a positive impact on student behaviors, as indicated by less physical violence in the classroom as a result of the program, less name-calling and fewer verbal put-downs, more caring behavior, increased willingness to cooperate, and increased skills in understanding others' points of view.

According to Metis, preliminary information from students (analysis is still being conducted) indicates that participants report engaging in fewer fights and less name calling. There may also be increased use of "put ups" and greater willingness to help resolve conflicts.

The student achievement test administered to the participants and to the matched control group yielded statistically significant differences between the two groups' performance, with program participants scoring higher. The most notable difference was in understanding of conflict resolution terms. Not surprisingly, participants were more likely to correctly define words such as "conflict," "active listening," and "mediator."

The student mediation program was evaluated by students, advisors, and teachers who gave positive feedback on the component. Results indicate that there were 535 successful student mediations over the one year period, for an average of 107 per school. Almost all (86-99 percent) teachers felt the program had helped students in their classes through contact with mediators, increased mediators' self-esteem, provided students with important tools for dealing with everyday conflict, and helped students take more responsibility for solving their own problems.

About 85 percent of the students who had used a mediator indicated the process had been helpful to them; a similar percentage (84 percent) of mediators felt that being a mediator had helped them understand people with different views and had given them skills they can use

their whole life. Advisors to the program felt children had learned the valuable skills of mediation and that the mediation process had helped unite children from different cultures, grades, and programs. As a result, the evaluation concludes that the mediation component was successfully implemented and had resulted in more peaceful class and school environments.

COMMENTS

Much of the evaluation focused on teacher assessment of the materials, program support, and their perceptions of changes in students. The student evaluation demonstrated that program participants could learn the appropriate answers on the student achievement test, correctly defining terms they had learned in the curriculum. Thus, it is not surprising that the program group scored higher than the control group.

Since attention was devoted primarily to teachers, it would have been helpful to have a control group of teachers from other schools who answered questions about their behavior and attitudes over the course of a semester. It is possible that time spent with a group of students over the school year leads to increased understanding of individual children's needs or concerns.

In addition, the school mediation evaluation did not collect information on whether there were changes in behavior due to the mediation process. Using a control group in another school could help determine whether conflicts in the school do indeed diminish as a result of the program.

Although there are limitations to the evaluation design, it should be noted that a program that receives consistently high ratings from participants and is so positively received is clearly making some impact. Anecdotal evidence collected from children and adults is probably the most dramatic available indicators of what difference the program makes. As one student reported: "I learned in the Program that when you're angry at someone, say things like 'I feel' instead of 'you are.' So I called (my friend) and told him I was upset. He unders and we made up. The program stopped that fight from going on."

Teachers suggested ways that the program should be expanded, including a greater number of classes in participating in schools, incorporating a parent involvement component that could reinforce school-learned attitudes and skills, and increasing the amount of staff development and training. A program that receives such endorsement and has the potential to reach such large numbers of students provides fertile ground for further evaluation. The barriers to success cited by this program were uncertainty of funding, insufficient number of people with expertise in the field and ability to work effectively with schools, and the large, impersonal atmosphere in some schools.

CASE 8

SECOND STEP: A VIOLENCE PREVENTION CURRICULUM
Committee for Children, Seattle, Washington
1987-

GOAL
The goal of *Second Step* is to prevent youth violence by teaching critical prosocial skills, building self-esteem, and reducing impulsive and aggressive behavior in children. The program is sponsored by the Committee for Children, whose stated mission is the prevention of child exploitation through education: "no more victims, no more victimizers."

INTERVENTION
A curriculum was designed for teachers and other youth service professionals to present in a classroom or group setting after they have been trained. The course teaches skills in empathy, impulse control, problem solving, and anger management for children in grades 1-3 (49 lessons) and grades 4-5 (45 lessons). Lessons last 40-50 minutes and are presented one to two times a week over a period of three to six months. To date, the program estimates that 280,000 children have been taught using the curriculum and 6,400 teachers and other school personnel have been trained. Trainings are conducted by Committee for Children trainers or educators who have attended the agency Train-the-Trainer training. Length of training is one to three days. "Facing Up," a 25-minute video that teaches social skills to prevent youth violence for grades 2-6, is to be available this month. A curriculum for grades 6-8 was released in September 1990. A curriculum for preschool and kindergarten will be released in November 1991.

EVALUATION
The Los Angeles Unified School District is currently sponsoring an evaluation of the impact of the *Second Step* curriculum, which is now being used at approximately 437 elementary schools as part of the L.A. drug-free schools program. Teacher training has been provided by a group of 20-30 Committee for Children Trainers. Typically, one or more teachers are trained in a school and then they train others. Results of this evaluation are not yet available; however, two pilot studies were previously conducted by the project in Seattle. Although these focused on formative evaluation, a similar methodology and procedures have been used for all three evaluation efforts.

PILOT TESTS IN SEATTLE
A nonequivalent control group design was used. The first experimental group consisted of 19 students from a class of 25 second and third graders. The control group was drawn from other students from different classrooms in the same school that did not receive the intervention. Both groups were administered a 32-question pre- and post-interview and

compared to a matched control group from schools that have not yet received the curriculum. The evaluation report states that students were racially and socioeconomically diverse.

The interviews measured children's knowledge and/or skills in anger management, impulse control, empathy, problem solving, and conflict resolution. The interviewer asked approximately 20 questions about three separate photos she showed to the child; the photographs are of interpersonal situations typifying student problems for the specific age group.

Differences between pre- and post-interview scores were statistically significant, as were differences in the gains between experimental and control groups. Pre-post differences were found on items measuring skills in predicting consequences, anger management, and brainstorming solutions. Other items measuring skills in brainstorming showed no change. The evaluators suggest that testing effects may have accounted for lack of differentiation on these items. They also note that analysis measures gains in quantity, not quality, of solutions offered and noted that quantity of solutions was used as a criteria because research suggests the ability to generate multiple solutions is a predictor of success in solving interpersonal problems. Teacher evaluations indicated their enthusiasm for the program. Recommendations, based on the evaluation, include revising the instrument to better evaluate quality and sophistication of response and adding a behavioral assessment to the interview instrument.

A second pilot test was conducted one year later to test a newly developed curriculum for fourth and fifth graders. Again, trained teachers implemented the curriculum in their classrooms and effectiveness was evaluated through pre- and post-interviews with experimental and control students, as well as lesson evaluations by participating teachers.

Experimental classes were drawn from two different programs in the same school, one that emphasized cooperative learning and the other that had a more traditional approach. Each program had one fourth and fifth grade class in the study. Seventy-one students (from a total of 108 who received the curriculum) were in the experimental group. Reasons for exclusion of some students were not indicated. The control group students were drawn from classrooms in the same district as the experimental students. Control group students were drawn only from classes participating in cooperative learning programs. Attempts were made to match control students to experimental students according to age, grade, location, race, socioeconomic background, and emphasis of school program. Groups had similar mean test scores on the pre-test.

Interviews were different from those used with the younger students and depicted typical interpersonal problems for the age group (e.g., two students waiting to play with a tetherball being used by two other students; a student being followed and called names by two older students). Students were asked to apply skills in empathy and problem solving and tested for knowledge of anger management technique and related language concepts and behavioral skills (how to deal with put-downs, impulse, fairness). Due to logistical problems, the

interval between pre-post interviews was five to six months for experimental students and two to three months for control students.

Results indicate that differences between experimental and control group post-interview scores were significant; all four experimental class means were above control group means. It was not possible to make comparisons between gains for students in the two different classroom environments (e.g., cooperative versus traditional), since participation in the post-test was biased by poor participation in one of the cooperative classes (due to problems obtaining parental consent forms). The evaluation notes, however, that observations and teacher interviews indicate that teachers in the cooperative learning classrooms had an easier time implementing the curriculum. Teachers also noted that there was insufficient time for role-play and other activities. Curriculum changes were made based on results. Based on teacher evaluations, recommendations were made for a stronger teacher training component and support network.

Ongoing Evaluation in Los Angeles

Using a similar methodology, an independent researcher (Kathleen Wulf, professor of measurement and evaluation, University of Southern California) is currently conducting a larger-scale outcome evaluation. Results are not yet available.

A representative sample of first grade classes has been selected from the 437 elementary schools in the school district to receive the *Second Step* curriculum. A control group of first grade classes in schools that have not received the curriculum was matched with the treatment group. A small cadre of 20 teachers was trained by Dr. Wulf to interview the children and to train other teachers in carrying out the pre- and post-curriculum interviews. Inter-rater reliability tests among interviewers were carried out during training to reach consensus on how answers should be coded. Since approximately half of the children are Spanish speaking, half of the interviews were conducted in Spanish by native speakers.

Near the beginning of the school year, pre-tests were administered to approximately 480 children divided equally among experimental and control groups. The curriculum was then offered throughout the semester to the classes of children in the experimental group. Currently, post-test interviews are being carried out with both treatment and control groups. Data should be available by the fall.

COMMENTS

The researchers in the two pilot projects state that although the nonequivalent control group design is one of the most widespread experimental designs in educational research, it has inherent threats to internal validity due to the lack of randomization in the selection process. They did try to match students according to age, academic record, race, and socioeconomic background. They say that the fact that the control group was drawn from the same school helped to strengthen the match. However, students in the experimental group are encouraged

to use the skills outside the lesson sessions. Their interactions with control group students may have had an unintended effect. The researchers also acknowledge that a disparity in interview intervals between the experimental and control groups may have confounded the results somewhat. The current evaluation in Los Angeles is addressing some of these weaknesses.

It should also be noted that the design does not allow for students' actual behavior to be measured. The evaluators suggest that some behavioral assessment is needed to determine whether the skills taught translate into desired behavioral outcomes. However, participating teachers in both studies noted positive effects of the program on student interaction and classroom climate. It is unfortunate a behavioral component has not been added to the Los Angeles study. In addition, because *Second Step* relies on a teachers skill and comfort in conducting student-centered discussions and role-plays, teachers' own skills and use of the materials should be assessed. Little information is provided on the relations among teacher training, implementation, and impact.

From the perspectives of program staff, the major barriers to implementation of violence prevention programs are: (1) classroom time available to teach violence prevention skills to students, (2) funding for school districts to purchase curricula videos, and teacher training, and (3) awareness of the need to teach violence prevention skills at a young age (i.e., before secondary grades).

CASE 9

VIEWPOINTS TRAINING PROGRAM
Center for Law-Related Education, Santa Barbara, California
and Harvard Graduate School of Education, Cambridge, Massachusetts
1984-

GOAL
The Viewpoints Training Program aims to change the attitudes of high-risk or violent youth about the appropriateness of aggression/violence, increase their skills at solving social problems, and reduce subsequent aggressive, violent, and criminal behavior.

INTERVENTION
The program is based on a social learning/social cognitive model of the development of antisocial and aggressive behavior. The model is derived from empirical research in social information processing and social learning theory. The program was designed as a controlled empirical study to test this model.

Unlike other violence prevention curricula, development of the Viewpoints curriculum was guided by a prior assessment designed to compare cognitive skills and beliefs of male and female adolescents incarcerated for violent offenses with their nonoffender peers in high school who were rated as either high or low in aggression.[40] This assessment-guided curriculum targets those cognitive skills and beliefs that were found to differentiate violent offenders from their nonoffender peers, and to differentiate further high-aggressive from low-aggressive high school students.

Viewpoints focuses on training high-risk youth and juvenile offenders in specific problem-solving skills and on challenging and modifying their beliefs that aggression is a legitimate response to conflict. The program is typically presented in 12 weekly one-hour group discussion sessions; the program workbook, *Viewpoints: Solving Problems and Making Effective Decisions*, presents a sequence of 10 lessons. With support from the State of California Office of Criminal Justice Planning, it was developed by staff at the Center for Law-Related Education. The program is now maintained at different sites by individual agencies. Approximately 50 staff members have implemented the program. Four hundred adolescents received services during the initial research/training grant. Subsequently, 2,000 adolescents (10-21 years old) have participated.

EVALUATION

The effect of the program on attitudes, beliefs, social problem-solving skills, aggressive and antisocial behavior, and recidivism have been carried out by Guerra and Slaby,[41] based on their model of social-cognitive development. The subjects were 120 adolescents, equally divided by gender, ranging in age from 15 to 18 years; all were incarcerated in a state juvenile correctional facility for having committed one or more violent criminal acts.

These aggressive offenders were randomly assigned to either a no-treatment control condition, an attention placebo condition (AC), or a Viewpoints treatment program, focusing on cognitive mediation training (CMT).

In both pre- and post-treatment, all subjects were tested on their social cognition. In addition, their behavior was rated by cottage supervisors who were unaware of which group the adolescents had participated in. Subjects in the CMT or AC groups were divided into small discussion groups that met once a week for an hour over a 12-week period during the regular school day. At the end of the training period, these two groups gave their feedback in a self-report. Recidivism data were collected for all subjects for up to two years following release from the correctional institution.

The program was successful in modifying both social information-processing skills and beliefs supporting aggression. Compared with subjects in both control groups, subjects in the Viewpoints program showed increased skills in solving social problems and decreased endorsement of beliefs supporting aggression. They were also significantly more likely than subjects in the control groups to display decreased aggressive, impulsive, and inflexible

behaviors, as rated blindly by institution staff. Viewpoints subjects were somewhat less likely to violate parole than other groups. Although the differences in the incidence of recidivism were not significant for this small sample, the Viewpoints subjects were delayed in their recidivism to a marginally significant extent.[42]

COMMENTS

This program differs from the other case studies in that it was designed by university-based psychology researchers as an empirical study. Compared to existing programs where evaluation and research is secondary to the main objective of continued service delivery, the study employed a rigorous methodology. Curriculum development was directly guided by empirical assessment of the target population, and the immediate and longer-term effectiveness of the intervention were evaluated in comparison to control groups. There is at least one limitation worthy of note for future evaluation. Researchers note that the advantage of the Viewpoints type of training is that it can be implemented by the paraprofessional staff who typically work in correctional youth facilities. However, the study sessions were led by two female experimenters who were graduate students in psychology. It would be important to determine the effectiveness of the program as run by regular paraprofessional staff.

The director of this research project noted that one critical problem for community-based violence prevention programs run by community agencies is a general lack of understanding of experimental methodology and/or evaluation methodology. While it is difficult to conduct randomized experimental studies and provide a service to large numbers of youth, she feels it is not impossible for agencies to either conduct scientific evaluations on a sub-sample of participants or to adopt programs that have been empirically tested. Funding agencies should attempt to provide their grantees with some assistance in this area. The barriers to success cited were: (1) programs should be of longer duration and include a component to increase generalization to the individual's relevant social environments; (2) the relevance of this and other programs to distinct cultural groups must be evaluated; and (3) programs designed to reduce aggressive and violent behavior should begin earlier and provide some continuity over time.

CASE 10

VIOLENCE PREVENTION CURRICULUM PROJECT
Education Development Center, Newton, Massachusetts
1986-1988

GOAL
The Violence Prevention Curriculum Project aimed to decrease interpersonal violence among high school students through the development of a curriculum that focuses on attainment of knowledge, attitudes, and skills for dealing with anger and conflicts.

INTERVENTION
A curriculum for high school sophomores in health classes was developed by Deborah Prothrow-Stith, M.D., in collaboration with Education Development Center, Inc. Ten sessions are organized in three sections: information on risk factors, the role of anger in interpersonal violence and how anger can be channeled constructively; and alternative means of conflict resolution. *Violence Prevention Curriculum for Adolescents* was designed to acknowledge anger as a normal and potentially constructive emotion; provide hard-hitting facts that alert students to their high risk of being the victim or the perpetrator of an act of violence; create a need in students to find alternatives to fighting by discussing potential gains and losses; offer positive ways to deal with anger and arguments, the leading precipitators of homicide; allow students to analyze the precursors of a fight and practice alternative conflict resolution through role-plays and videotaping; and create a classroom climate that is nonviolent and values violence prevention behavior.

EVALUATION
A two-phase study funded by the National Institute of Justice was conducted, consisting of a field-test phase (spring 1987) and an evaluation phase (summer 1987-spring 1988).

FIELD-TEST PHASE
The curriculum and assessment procedures were field-tested in single schools in six cities: Berkeley, California; Houston, Texas; Gary, Indiana; Taos, New Mexico; Lincolndale, New York; and Ypsilanti, Michigan. Schools included African-American, white, and Hispanic student populations, and represented a range of urban, suburban, and rural sites. In four schools, the curriculum was implemented in regular classrooms; in one it was used in a residential school for violent youth ages 13 to 17, and in another it was used by an alternative school for high-risk 14 to 21 year olds. One teacher from each school participated in a one-day training at EDC. Upon returning to their schools, the teachers conducted the pre-test with a total of 568 students. Approximately two weeks later, the curriculum was implemented and taught over two successive weeks. A month later, the

post-test was administered to all participating students (N = 448). Because of logistical difficulties, two schools (New York and Detroit) did not provide both pre- and post-test data on treatment and control groups. Data were used from the four remaining cities. To further test the survey instrument, an additional school in the Boston area was selected for a single administration.

Item and factor analysis of pre-test survey data was used to develop dependent measures for use in the evaluation phase. Thirteen multi-item measures had moderate to high reliability across samples. Construct validity was assessed through factor analysis, correlations with other scales, and teachers' reports of students' behavior and ratings of students. Outcome measures were thus deemed valid for use in the evaluation phase.

Based on this analysis, revisions in the initial questionnaire were made and a teen opinion survey was prepared for use in the evaluation phase.

In addition to student survey data, teachers kept a log for each session that included objective and open-ended questions about preparation time, class flow, and the success of the lesson. They also completed a summative evaluation that included items on student interest, content appropriateness, and what sections worked best. Similar course evaluations were obtained from participating students. These data were used to revise and finalize the curriculum for the evaluation phase.

Evaluation Phase

Six inner-city schools were selected for participation, including two that participated in the field test. Sites included Compton, California; Detroit; Gary; Houston; New York City; and Philadelphia. A quasi-experimental pre-post design with nonequivalent control groups was employed. Two post-tests were scheduled: one two to four weeks after completing the curriculum and the second at the end of the school year. Teachers were asked to provide behavior ratings on a random 25 percent sample of participating students as well as behavioral data from school records, once at the beginning of the school year and again at the end. Comparison classes were selected within the participating schools. Classes were assigned by teachers to treatment or comparison conditions; thus, the unit of assignment was the class rather than the student.

Treatment-and-comparison group students filled out the previously field-tested teen opinion survey three times: as a pre-test, then two to four weeks after completion of the curriculum, and then at the end of the school year. This instrument includes 160 items measuring 25 constructs. Examples of these constructs include frustration tolerance, self-esteem, impulse control, locus of control, self-reported behaviors, fighting, life stress, peer attitudes, school climate, family conflict style, knowledge and attitudes about violence and its consequences, and sociodemographics. Comparison classes in the same schools followed the same assessment schedule.

Data were then examined to evaluate the impact of the curriculum on changes in students' knowledge, attitudes, and self-reported behaviors. Only four of the six schools provided both pre- and post-test data. Multivariate analyses of variance were conducted on pre-test data to test for baseline equivalence and drop-out effects. While no differences were found between students in the two experimental conditions, there were differences among schools on a majority of measures. In particular, students in Houston had lower scores on knowledge, self-esteem, locus of control, and negative behaviors (arrests, gateway drug use). No pre-test differences were found between dropouts and pre-testees on knowledge and outcomes. However, for the experimental group only, those who dropped out were more delinquent than those who remained.

Analyses of curriculum impact were conducted using analysis of covariance based on a sample of 347 students across the four schools that completed pre- and post-tests. Because of the large number of dependent measures, a conservative estimate of significance was used (Bonferroni adjustment). Effects of age, gender, and race were considered in addition to the effects of school, treatment, their interaction, and student's pre-test score. After controlling for pre-test score, only school and treatment effects were significant.

Results revealed a marginally significant main effect of treatment for fighting in the past week. That is, students who received the curriculum reported fewer fights, although the evaluators caution that this could be a result of behavior or attitudinal change (e.g., willingness to admit to fighting). A significant interaction was found between treatment and school for knowledge; marginal interactions were found for positive self-esteem, locus of control, and arrest. There were some differences by school. For example, only in Houston did treatment students gain on knowledge scores.

Additional analysis examined whether baseline levels of risk for interpersonal violence were related to impact. While no overall effects were found, students in the highest risk category at pre-test showed some change on locus of control measures, indicating a shift toward a more "other-directed" orientation. Preliminary findings indicate that students at higher risk may have responded more positively to the curriculum than did their counterparts in the comparison classes. Students with less knowledge tended to have more negative self-esteem, were more likely to accept violence as a means of problem-solving, and to engage in more delinquent behaviors.

Examination of the validity of student self-report scales was conducted by comparing student self-reports on the teen opinion survey to two instruments completed by teachers–a student behavior record and a student data record. The former had teachers rate individual students on a list of adjectives using three-point scales; the latter was a teacher report of the number of times each student was absent, tardy, or suspended during the previous term, and whether the student had committed any of 12 school-related disciplinary violations, including fighting; use of alcohol, drugs, or tobacco; or possession of a weapon.

Correlations provide some support for the validity of the self-report behavior scales. For example, student self-reports of being arrested were correlated with number of times suspended and self-reports of weapon carrying were correlated with attendance, suspension, fighting, and school reports of weapon possession. However, since the magnitude of the correlations was not large, the evaluators suggest that relatively low incidences of most behaviors in school reports indicate that the self-reports may be a more complete accounting of each student's behavior, whether known to school authorities or not.

COMMENTS

The final report notes some of the limitations of the evaluation and cautions that findings should be viewed only as a first step toward assessing the effectiveness of the curriculum. Although the evaluation was larger in scope and more methodologically rigorous than most other violence prevention evaluations, there were difficulties in implementation of the study design that limit interpretation of findings. These include the logistical problems that limited the sample size and power of the study, dropout by treatment interactions that may have had an indirect impact on results, and differential impact across the schools. The only direct contact project staff had with teachers was during the one-day training. This was seen by the program as a barrier to successful operation. It was felt that direct contact during the evaluation may have prevented some of the problems cited and provided teachers with support and technical assistance. It is unclear whether this is due to implementation differences or some pre-existing differences among schools or students.

The evaluators also note that more long-term follow-up is needed, as well as examination of "dosage effects" based on student attendance and participation. A concern not mentioned but one that should be considered is the importance of external evaluation. The curriculum was published and evaluated by the same organization.

The results suggest that the curriculum had a statistically significant impact on students' knowledge and locus of control about interpersonal violence. In addition, marginal differences were found for positive self-esteem and for self-reports of arrest.

Aside from these comments, it should be noted that this is a widely used curriculum and the evaluation is one of a very few that have even attempted extensive field-testing and validation of instruments. The evaluation report presents a more detailed statistical analysis of the instrument, of baseline differences, attrition from conditions, interaction effects, and of the curriculum's impact than most other projects surveyed.

CASE 11

Violence Prevention Project
Health Promotion Program for Urban Youth,
Boston Department of Health and Hospitals
1986-

GOAL

The Violence Prevention Project is a multi-institutional, community-based initiative designed to reduce the incidence of interpersonal violence among adolescents, along with the associated social and medical hazards. Originally developed as a three-year pilot program, the project's goal is to decrease the number of adolescent fights, assaults, and intentional injuries occurring as a result of violent interactions with peers.

INTERVENTION

The project, which was initiated as a result of several federal and private grants, has four components: curriculum development, community-based prevention education, clinical treatment services, and media campaign. The objectives of the program are to

- train providers in diverse community settings in a violence prevention curriculum targeted to adolescents
- encourage and facilitate incorporation of the curriculum into the delivery of services to adolescents
- create a new community consensus supportive of violence prevention

The curriculum component uses the ten-session *Violence Prevention Curriculum for Adolescents* developed by Deborah Prothrow-Stith, M.D. The formal evaluation of this curriculum is described in Case Study 10.

During initial development of the curriculum it became evident that school-based intervention alone was insufficient. Therefore, a community-based component was developed to reinforce nonviolent options learned in the classroom.

The neighborhoods selected for the pilot intervention were chosen on the basis of adolescent homicide statistics, the only well-documented violence outcome data available. The neighborhood with the highest adolescent homicide rate, Roxbury, and the neighborhood with the most rapidly increasing rate, South Boston, were chosen. Official assault data supported this pattern of high and rising rates of violence in these neighborhoods. Roxbury is predominantly African-American; South Boston is predominantly white. These neighborhoods are the two poorest in the city. Their selection avoided racial stereotyping,

permitting investigation of ethnic and social influences on violence and acknowledging the powerful association between poverty and violence.

During the pilot phase two community educators, one for each target community, implemented and coordinated the community-based program. Using the curriculum as the foundation for their work, the educators were using as many community settings as possible to deliver the violence prevention educational message. In this manner, the community is "saturated," and the message is heavily reinforced.

To date, within the two communities, approximately 750 people from the following types of settings: schools (elementary, middle, high, community, and alternative), multi-service centers, boys and girls clubs, recreation programs, housing developments, juvenile detention facilities, churches, and neighborhood health centers. It is anticipated that as agency staff members become proficient in delivery of the violence prevention messages, with project staff providing technical assistance, they will then be able to help train and engage other persons within their agency, as well as other agencies within the community. The purpose of this strategy is to ultimately make the program self-sustaining. One community-based strategy that has been employed is the development of coalitions (groups of agencies committed to the development and initiation of violence prevention activities neighborhood-wide). A coalition has been developed in each of the two pilot neighborhoods. One is supported by a local convenience store chain and the other was initially supported by a grant from the Office of Minority Health. The Violence Prevention staff now operates in a consultant capacity to the first and is working on expanding the scope and focus of the second to include a larger geographic area and a more extensive membership roster to include all facets of human services, criminal justice, health care, education, and community-based organizations.

Project staff recognized that many youth are beyond the stage of primary prevention and that the medical setting is sometimes the first and only place injured youth go for help. Therefore, the project initially attempted to work with adolescents admitted to Boston City Hospital with intentional injuries. However, once released from the hospital, almost all such adolescents refused to return for follow-up services and were difficult, if not impossible, to contact. Currently, the project staff includes a licensed mental health counselor, credentialed through the Department of Child Psychiatry at Boston City Hospital, who is a member of the hospital's multidisciplinary Victim Care Services Team. His primary responsibility is to provide a psycho-educational intervention for adolescent victims of violence. The process includes review and assessment of the violent incident with the patient (and family if requested); education regarding violence and homicide; review of the patient's conflict resolution strategies and introduction of nonviolent conflict resolution skills; referrals to appropriate community and hospital-based agencies; and review of strategies for staying safe upon discharge. This approach provides patients an opportunity to reflect on the circumstances that resulted in their injury and hospitalization. It also provides them time to think about ways to prevent a reoccurrence.

Pediatric nurses trained by the Violence Prevention staff also play a crucial role in the project's work. The nursing staff assists in recruiting adolescents for support group membership and provides an environment supportive of violence prevention strategies.

A final goal of this component is to make the clinical setting more responsive to the needs of youth at risk for injury or death, or currently engaged in violent behavior. A protocol for health care providers has been developed through a subcontract with Education Development Center. Currently being pilot-tested, the protocol provides anticipatory guidance in violence prevention to providers (e.g., physicians, nurse practitioners) who see adolescent patients. It is now being tested for its ability to identify high-risk youth who are in need of supportive services so prevention and treatment services can be linked to generate a comprehensive approach.

Finally, the project has several media projects. In 1987 the Advertising Club of Greater Boston developed a public service campaign for the project. The campaign focuses on peer pressure and the responsibility friends have for helping to defuse conflict situations. Two 30-second television and radio public service announcements, posters, and tee-shirts were developed using the slogan "Friends for Life, Don't Let Friends Fight." The PSAs have been used as discussion starters in many of the community-based settings, and the posters and tee-shirts are also being distributed to participating organizations and to the youth who participate in violence prevention activities.

In addition, a project was recently completed in collaboration with WGBH-TV, Boston's public television station. An hour-long documentary, "Private Violence, Public Crisis," which focuses on prevention and intervention efforts, is available as three 20-minute, stand-alone videos, as well as five five-minute trigger films that present a conflict situation and offer possible solutions. All of these audiovisual materials are being used in various ways in the settings outlined above and have recently become available to the public through Coronet/MTI, a distributor of educational audiovisual materials.

A major change in funding in 1991 has expanded the scope of the original pilot program. The project is now funded by the City of Boston through a comprehensive citywide initiative designed to reduce crime and violence as well as support family and community systems. This plan fundamentally expands services from the original two pilot communities to include the entire city of Boston.

Organizationally, the Violence Prevention Project is located within Boston's health department system and is the primary referral source for information regarding adolescent violence prevention education and training.

Additional approaches employed by the project include emergency room staff training, teen peer leadership training in English and Spanish, camp counselor training and a train-the-trainer approach for the public school system that will train a violence prevention

resource/coordinator from among the teaching staff in 15 schools within the city school district.

EVALUATION

The evaluation, funded separately by the Henry J. Kaiser Family Foundation, was recently completed. Project research staff worked with an external senior researcher from Northeastern University on the evaluation design. The design included both process and outcome components. The aim was to document the project's implementation and effect on: (1) the target neighborhoods of Roxbury and South Boston; (2) the agencies and serve providers in these neighborhoods who were trained and assisted in promoting violence prevention activities; and (3) the adolescents who were exposed to the school-based violence prevention curriculum or other related project activities. Although the results of the evaluation have not yet been published, the following is a description of the evaluation design. It is anticipated that evaluation results will be published in early 1992.

Neighborhood-Level Evaluation

The effect of the project was measured in terms of the extent of implementation and the degree of change observed in violence-related community knowledge, attitudes, and behaviors.

To assess implementation, project staff maintained diaries on the number and types of institutions where training occurred, the numbers and types of providers reached, and the numbers and types of programs developed that incorporated elements of the violence prevention program.

Several activities were conducted to assess changes in knowledge, attitudes, and behaviors. First, two large city-wide random-digit telephone surveys were conducted, one immediately prior to implementation and the other at the end of the first implementation year. Respondents from the target neighborhoods (which were oversampled) were compared with respondents from the remaining city residents on items assessing identification with knowledge, attitudes, and behaviors supported by the project. Preliminary analyses indicated minimal impact on this measure. For reasons currently being explored, changes over time in the control population were greater than in the treatment group. However, the second survey allowed more direct examination of the media campaign on residents in the two neighborhoods. Comparing those exposed to the project with those who were not, the project appears to have promoted desired attitudes about violence prevention.

The project also instituted surveillance systems to assess success in reducing intentional injuries among adolescents. The first system was instituted in the adult and pediatric emergency rooms at the major hospital serving the target neighborhoods. Unfortunately, it proved too costly to continue after the first year, although data are now available on emergency visits for this period. A second surveillance system was then established, based on medical chart reviews for violent injury at one community health center in each target

neighborhood. This will serve both evaluation and research purposes, documenting intentional injury in an urban adolescent population. Attempts were also made to institute a fight surveillance system in the health centers that records incidence of fights and more minor untreated injuries.

Agency-Level Evaluation

This level of evaluation focused on the effects of the project on agencies in terms of: (1) the extent to which agencies were trained in the curriculum, (2) the degree to which elements of curriculum were incorporated into services provided by the agencies, and (3) indications that these activities influenced behavior of staff and clients.

Staff diaries, rosters of training sessions, and interviews with key informants at agencies were sources of data. Efforts were also made to document types and numbers of services adapted, and types and numbers of clients reached. Interviews with key informants were most productive in relating perceptions of attitude and behavior changes among staff and clients. In some instances, it was then possible to corroborate these perceptions with other measures. For example, teachers' perceptions of Violence Prevention Project-related changes in school violence were compared with changes in the school's violent incident suspension rate.

Individual-Level Evaluation

The effect of the project on individual adolescents was assessed in terms of: (1) pre- and post-test changes in knowledge, attitudes, and self-reported behaviors and (2) tallies of fighting or intentional injury behaviors using school records. First, a cross-sectional survey of 240 students was conducted at the Jeremiah Burke High School, where the curriculum had been in place for five years. A cohort design was used to measure the impact of the curriculum on students who had been exposed during their sophomore year (N = 90). Data on suspensions and school performance were obtained from school records on each of these students from their freshman through senior years. Comparison cohorts of students were also identified. At English High School, information on two groups of students was collected, some of whom had been exposed to the curriculum and some who had not. An additional cohort at Dorchester High School, none of whom had received the curriculum, was also followed.

COMMENTS

This project represents one of the broadest attempts at both intervention and evaluation of a violence prevention program. The evaluation, which received separate funding, reflects the multilevel nature of the intervention, and separate evaluation activities were designed to measure neighborhood, agency, and individual effects. Qualitative and quantitative data were collected from different sources; these will then be pooled to provide a composite portrait of both the process and impact of the program at the community level. Particularly notable are attempts to collect behavioral data from hospitals, neighborhood health centers, and schools

to supplement pre-post survey data on knowledge and attitudes. Indeed, the evaluation has sought to institute surveillance systems in the neighborhoods and the city that would improve reporting of violent episodes and injuries.

This project, which was designed as a three-year pilot program and is now supported by the city, is seen as a leader in violence prevention both in Boston and nationally. The project constantly receives requests for training and technical assistance and as a result has created a separate technical assistance component. The project's success in garnering line item funding support from the City of Boston has provided validation of the impact and hope provided by this innovative public health approach.

PART III
CONCLUSIONS

Based on the data obtained through the questionnaire and follow-up interviews, it is impossible to state with conviction which types of violence prevention programs or intervention strategies reviewed are most effective. Although respondents supplied a great deal of useful data, more detailed information on various responses received as well as more rigorous evaluation of the programs surveyed are necessary before such conclusions can be reached. What is needed as a next step is an integrative analysis of the evaluations of violence prevention programs for young adolescents. Such an analysis has the potential to inform the development of a new generation of programs based on what has been learned from violence prevention efforts to date. It could accomplish the following:

- provide an overview of the underlying rationale and goals of different interventions, as well as of specific outcomes that have been used to measure program effectiveness
- identify programs and processes that have been effective in achieving desired outcomes, and the key elements of program content, format, and implementation that contribute to this success
- examine the potential of violence prevention programs for intervening in different settings, among different populations of youth
- provide a basis for recommending next steps for the development, implementation, and evaluation of programs as well as a framework for setting evaluation standards and clarifying intervention outcomes in future work

However, given the number and quality of existing program evaluations, the potential to adequately address many of these tasks remains untapped.

As Rossi and Freeman state, "a pragmatic view sees evaluation as necessarily rooted in scientific methodology but responsive to resource constraints, the needs and purposes of stakeholders, and the nature of the evaluation setting."[43] Even given such a pragmatic view, however, the evaluations of violence prevention programs have been limited. Understandably, pressing concerns surrounding increases in violence among youth and the need to intervene have overshadowed careful attention to evaluation design. Indeed, several programs have been replicated or have served tens of thousands of participants with no real indication of the effectiveness of the intervention.

Although staff at the majority of programs surveyed indicated that some kind of evaluation activities were ongoing, process evaluation and program monitoring are most prevalent and outcome evaluation is relatively rare. Ideally, evaluations should be designed prior to program implementation. However, for the most part, the evaluation component of

programs surveyed was either an afterthought or dispensed with entirely because of lack of suitable staff and sufficient funds.

For example, approximately 30 percent of the 51 programs surveyed conducted no evaluation or had outdated or unavailable data. The only data another 10 percent collected were numbers of people served. Sixteen percent ask participants to complete evaluations at the conclusion of training sessions; 21 percent conduct some form of outcome evaluation. However, in most of these cases, the evaluations consist of simple pre- and post-test measurements of the attitudes and knowledge of program attendees. Often, this method employs unvalidated measures with no control group comparisons. In short, there have been only a handful of programs that have been evaluated at a level approaching rigorous experimental design. None would meet the most rigorous methodologic standards of outcome evaluation.

In Lam's 1989 review of school-based conflict mediation programs, she makes several points that can be extended to summarize the state of violence prevention evaluation in general.[44] She states that results of existing evaluations are generally reported to be positive. Notably, those involved in the programs—students, teachers, peer mediators, school administrators, health providers, volunteers—are united in their perception of the need to do something to reduce violent behaviors and attitudes that support violence. In general, they liked the programs in which they participated and frequently perceived positive changes in individual behaviors, school climate, and so on. According to Lam, although qualitative and anecdotal evidence has its limitations, it can often be stronger than quantitative evidence when it is used to argue for program effectiveness. The quantitative evidence of program effectiveness gained from the survey violence prevention programs is limited in the following ways:

- Despite the fact that most programs have clearly stated overall goals, frequently these goals have not been used to refine specific long- and short-term objectives that can be used to inform the evaluation design. Outcomes are often defined broadly (e.g., improvements in self-esteem) and are not related to specific program objectives and content. This makes it difficult to identify the key elements of programs that contribute to desired outcomes.

- Even when outcomes are clearly defined, they are often specific to a given program, as are the indicators used to assess whether they have been achieved. Thus, there is little opportunity to compare results across different programs, or to build a convincing body of empirical evidence indicating what works best.

- Interpretation of changes in knowledge, attitudes, and behavior is often limited by deficiencies in the evaluation design, including lack of random assignment, lack of control groups, inappropriate measurement instruments, "teaching to the test," and the social desirability of answers, among others.

- Given the complexity of violence behaviors and violence prevention, there have been few attempts to employ multiple measures of impact (e.g., knowledge and attitudinal changes, behavioral observations, reductions in disciplinary actions).

- Because of ease of measurement, the primary findings reported in most evaluations are short-term changes in knowledge, attitudes, and self-reported behaviors, yet the extent to which these are correlated with or predictive of violent behavior, either at the time of the test or over a more prolonged period, is uncertain.

- Given age, developmental, gender, and ethnic differences in the target audiences, there has been little attempt to examine the differential effects of interventions on subgroups of youth at risk. Little baseline data are collected from participants.

Furthermore, a basic assumption underlying violence prevention programs for young adolescents remains untested. Most programs assume—or at least hope—that by intervening with boys and girls during or prior to young adolescence, it is possible to shape attitudes and build skills that will reduce their involvement in violence as they mature—and before violent behaviors become even more destructive. Yet there are virtually no longitudinal studies of the impact of interventions at this age.

An exception are several of the clinical trials funded by the National Institute of Mental Health. NIMH has supported a number of evaluations of preventive intervention with children and youth based on life skills curricula. Included among them are the following:

- A research study, directed by John Lochman, Duke University Medical Center, which examined the long-term preventive effects of a elementary school-based intervention with three cohorts of highly aggressive and disruptive boys who had been referred by their classroom teachers.

- An evaluation of a cognitive-behavioral prevention program designed to improve short-and long-term psychiatric, psychological, emotional, behavioral, interpersonal, cognitive, and academic adjustment of children at risk for antisocial behavior and conduct disorders, conducted by Larry Michelson, University of Pittsburgh.

- A study directed by Myrna Shure, Hahnemann University, Philadelphia, to determine the long-term psychological and academic impact of a previously validated program of intervention in interpersonal cognitive problem solving with 480-520 African American, low SES, male and female inner-city children who were age 5 at the beginning of the study.

- An evaluation of the long-term impact of a previous intervention trial (a four-year study) with three intervention cohorts of African American preadolescents who were identified as at risk because of their poor peer relations. In this project, directed by John D. Cole at Duke University, data were collected at periodic intervals beginning

two years after completion of the intervention with each cohort when the subjects had completed the first year of middle school.[45]

By contrast, of the violence prevention programs surveyed, only a handful of evaluations followed participants for as brief a time as six months beyond the intervention period; those that did have encountered methodological difficulties. For example, one program collected data from youth several years after they participated in a gang prevention program. Although these youth reported relatively low levels of gang participation compared to non-participants, there are questions about the comparability of participants and nonparticipants who were surveyed, as well as inherent bias in the self-report measure.

Program staff express frustration with not being able to follow youth to see if their work really does make a difference. Certainly, such longitudinal evaluation requires a commitment of resources that goes far beyond what is currently available for most programs. It often also requires working with schools, hospitals, neighborhood health centers, community-based organizations, police, the courts, and others to obtain data and coordinate services. Many programs reported they are ill-equipped to take on such an effort. But the issue of follow-up is extremely important and should receive greater attention both by researchers and program developers.

The limitations of existing evaluations are largely due to the restricted resources that have been directed to the evaluation of violence prevention programs, particularly those that were spawned at a local level to address an increasing public health threat to the community. Whether housed in community centers or schools, these programs have placed an emphasis on reaching as many participants as possible. Indeed, raising funds to continue service delivery is a constant problem and drain on limited staff resources. Many reported on their survey that they did not know where this year's money would come from. Most respondents acknowledged the need for better evaluation of their efforts, but felt they did not have the resources or expertise to conduct more substantial evaluation activities. Several programs, such as Senior Tutors, have collected data from participants that is being stored, in hope that there will be sufficient resources to analyze what is available.

Resources, however, are not the only limiting factor. Many violence prevention programs, with their commitment to service delivery and public health perspectives, do not use to their advantage the growing body of research on aggressive behaviors that includes a number of carefully designed intervention studies.

Although some programs do make reference to prior research findings and at times even include measures of intermediate outcomes drawn from this literature, this is seldom the case, based on our review. For example, self-esteem and locus of control scales are often used as pre-post measures of changes in attitudes as a result of the program. However, these references to the literature are often vague. The question of how to apply research findings in the design of programs and their evaluations is typically unanswered.

The need to bridge the gap between researchers and practitioners must be addressed in future efforts. Too often, program staff lack the information and/or skills to develop and implement either formative or outcome evaluations that would inform their work and the field, despite access to large numbers of youth at risk of violence and ongoing prevention programs. In contrast, research projects are often limited in time, scope, and population reached. Better ways must be found to translate findings and replicate promising approaches in real-life settings.

Despite the limitations of this study, which have been outlined above, much has been learned that can inform violence prevention and evaluation efforts. Most notably, the available data from existing evaluations can help refine measurable outcomes and evaluation models for the future. It is hoped that these findings can be used to help develop next steps that are likely to advance the field, especially in the areas of new methods for evaluation and its support.

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[45]For additional information about these and other NIMH-supported programs, contact the National Institute of Mental Health, Antisocial and Violent Behavior Branch, 16-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20957.

APPENDIX A

CARNEGIE CORPORATION OF NEW YORK

VIOLENCE PREVENTION FOR EARLY TEENS: A REVIEW OF THE STATE OF THE ART

July 12-13, 1990

LIST OF PARTICIPANTS

Delbert Elliott, Ph.D.
Institute of Behavioral Science
University of Colorado
1416 Broadway
Boulder, CO 80309
(303) 492-1266

Kathy Beland
Director of Research and Development
Committee for Children
172 20th Avenue
Seattle, WA 98122
(206) 322-5050

Carl C. Bell, M.D.
Executive Medical Director
Community Mental Health Council, Inc.
8704 South Constance Avenue
Chicago, IL 60617
(312) 734-4033

Anthony D. Borbon
Program Director
Gang Prevention and Intervention Program
Community Services Program
1602 South Brookhurst Street
Anaheim, CA 92804
(714) 535-3722

Paul Bracy, M.Ed.
Director
Office of Violence Prevention
Massachusetts Department of Public Health
150 Tremont Street
Boston, MA 02111
(617) 727-2708

James Breiling, Ph.D.
Research Clinical Psychologist
Antisocial and Violent Behavior Branch
Division of Biometry and Applied Sciences
National Institute of Mental Health
16-10S Parklawn Bldg.
5600 Fishers Lane
Rockville, MD 20957
(301) 443-4283

Diane Brown
General Science Teacher
Jefferson Junior High School
8th and M Streets, S.W.
Washington, DC 20024
(202) 724-4881

Beverly Coleman-Miller, M.D.
Special Assistant for Medical Affairs
Office of the Commissioner
D.C. Department of Public Health
1660 L Street N.W., Suite 1204
Washington, D.C. 20036
(202) 673-7700

Leonard D. Eron, Ph.D.
Emeritus Research Professor
Department of Psychology
University of Illinois at Chicago
M/C 285, Box 4348
Chicago, IL 60680
(312) 413-2622

Mathea Falco, J.D.
Visiting Fellow
New York Hospital
Cornell Medical Center
120 East 75th Street
New York, NY 10021
(212) 746-1270

Karen Fulbright
Program Officer
Ford Foundation
320 East 43rd Street
New York, NY 10017
(212) 475-2620

James Halligan, M.Ed.
Managing Trainer
Community Board Center for Policy and Training
149 Ninth Street
San Francisco, CA 94103
(415) 552-1250

Beatrix A. Hamburg, M.D.
Professor of Psychiatry and Pediatrics
Mt. Sinai Medical School, Box 1268
One Gustave Levy Place
New York, NY 10029
(212) 241-6268

Margaret A. Hamburg, M.D.
Deputy Commissioner for Policy & Research
Department of Health
City of New York
125 Worth Street, Room 338
New York, NY 10013
(212) 566-1879

Alice Hausman, M.P.H., Ph.D.
Assistant Professor of Pediatrics
Children's Hospital of Phildelphia
34th Street and Civic Center Boulevard
Philadelphia, PA 19104
(215) 590-1943

Darnell F. Hawkins, Ph.D., J.D.
Professor of Black Studies and Sociology
University of Illinois at Chicago
Box 4348, MC 069
Chicago, IL 60680
(312) 996-2996

Marcy Kelly
Media Consultant
Woodbine Communications
4200 Allott Avenue
Sherman Oaks, CA 91423
(818) 907-5070

Joyce Kelly
Manager
Case Management Services
New Futures for Little Rock Youth
209 West Capitol, 2nd Floor Annex
Little Rock, AR 72201
(501) 374-1011

Rolf Loeber, Ph.D.
Associate Professor of Psychiatry
Western Psychiatric Institute and Clinic
University of Pittsburgh
School of Medicine
3811 O'Hara Street
Pittsburgh, PA 15213
(412) 681-1576

Geraldine Maccannon, M.P.A.
Program Mgr., Internal Program Coordination
Office of Minority Health
U.S. Department of Health & Human Services
200 Independence Avenue, S.W., Room 118-F
Washington, DC 20201
(202) 245-7065

Peter Muehrer, Ph.D.
Research Clinical Psychologist
Prevention Research Center
National Institute of Mental Health
14C-03, 5600 Fishers Lane
Rockville, MD 20857
(301) 443-4283

Fritz Mulhauser, Ph.D.
Assistant Director
Program Evaluation and Methodology Division
U.S. General Accounting Office
441 G Street, N.W., Room 5729
Washington, DC 20548
(202) 275-1564

William A. Murrain, J.D.
Program Specialist for Minority Health
Office of the Director for Minority Health
Centers for Disease Control
1600 Clifton Road, N.E.
Mailstop E-35
Atlanta, GA 30333
(404) 488-4815

Dan Olweus, Ph.D.
Department of Psychosocial Science
Division of Personality and Developmental Psychology
University of Bergen
Oisteinsgate 3, N-5007
Bergen, Norway
011-475-21-23-27 (direct)
011-475-32-58-70

Jo Bonita S. Perez
Consultant
Multicultural Education and Cooperative Learning
Los Angeles County Office of Education
9300 East Imperial Highway
Downey, CA 90242
(213) 922-6323

Carol V. Petrie
Program Manager for Research Applications
National Institute of Justice
Program on Violence Prevention and Control
633 Indiana Avenue, N.W., 8th Floor
Washington, DC 20531
(202) 514-6212

Deborah Prothrow-Stith, M.D.
Assistant Dean for Community and Government Programs
Harvard School of Public Health
677 Huntington Avenue
Boston, MA 02115
(617) 432-1090

Mark Rosenberg, M.D.
Director
Division of Injury Epidemiology and Control
Centers for Environmental Health and Injury Control
Centers for Disease Control
1600 Clifton Road, N.E.
Mailstop F-36
Atlanta, GA 30333
(404) 488-4690

Gloria Ruby
Senior Policy Analyst
Health Program
Office of Technology Assessment
600 Pennsylvania Avenue, S.E., 4th Floor
Washington, DC 20510-8025
(202) 228-6590

Donald Schwarz, M.D.
Assistant Professor of Pediatrics
University of Pennsylvania Medical School
The Children's Hospital
General Pediatrics, Room 2013
34th Street and Civic Center Boulevard
Philadelphia, PA 19104
(215) 590-2195

Ronald Slaby, Ph.D.
Lecturer on Education and Pediatrics
Harvard University
Department of Human Development and Psychology
677 Huntington Avenue
Boston, MA 02115
(617) 495-3541

Cathy Spatz Widom, Ph.D.
Professor
Departments of Criminal Justice and Psychology
Indiana University
302 Sycamore Hall
Bloomington, IN 47405
(812) 855-2965

Timothy Thornton
Public Health Advisor
Program Services and Implementation Branch
Division of Injury Epidemiology and Control
Centers for Disease Control
1600 Clifton Road, N.E.
Mailstop F-36
Atlanta, GA 30333
(404) 488-4662

Michelle Trudeau
Contributing Science Reporter
National Public Radio
16 South 36th Place
Long Beach, CA 90803
(213) 433-4969

John B. Waller, Dr.P.H.
Director
Center for Prevention and Control of Interpersonal Violence
Associate Professor and Chairman
Department of Community Medicine
Wayne State University School of Medicine
540 East Canfield
Detroit, MI 48201
(313) 577-1033

Charles Warner
Principal
Jackie Robinson Middle School
150 Fournier Street
New Haven, CT 06511
(203) 787-8766/8770

Rueben Warren, D.D.S., Dr.P.H.
Assistant Director for Minority Health
Centers for Disease Control
1600 Clifton Road, N.E., Bldg. 1, Rm. 2122
Mailstop D-39
Atlanta, GA 30333
(404) 639-3703

CARNEGIE CORPORATION

Gloria Primm Brown, M.S.
Program Officer
Program on Health Child Development: The Prevention of Damage to Children

David Hamburg, M.D.
President
Chair, Council on Adolescent Development

Lyn Mortimer, M.A.
Program Associate
Council on Adolescent Development

Elena Nightingale, M.D., Ph.D.
Special Advisor to the President
Senior Advisor to the Carnegie Council on
Adolescent Development

Ruby Takanishi, Ph.D.
Executive Director
Council on Adolescent Development

EDUCATION DEVELOPMENT CENTER

Stu Cohen
Senior Associate

Lydia O'Donnell, Ph.D.
Senior Evaluator

Ruth Rappaport, M.S.
Conference Coordinator

Ron Slaby, Ph.D.
Senior Scientist

Cheryl Vince, M.Ed.
Vice President
Director, School and Society Programs

Renee Wilson-Brewer, M.P.H.
Senior Project Director

APPENDIX B
VIOLENCE PREVENTION PROGRAM QUESTIONNAIRE

This questionnaire should take approximately 45 minutes to complete.

General Information

Organization: _____

Address: _____

_____

_____ Telephone: _____

Director: _____

Other contact person: _____

Violence Prevention Program

1. Program name (if different from organization): _____

_____

2. Where is your program based (e.g., health center, community organization, school, office)?

_____

3. Hours of operation: _____

4. Years (and dates) of program operation: _____

5. How is your program funded? Please check all that apply.
   city ____ state____ federal ____ foundation/corporation ____ fee for service ____

   Other (please specify) _____

6. Are you fully funded for the next:
   1 year ____ 2 years ____ 3 years ____ Other _____

7. What are your program's major goals? _____

_____

_____

_____

_____

_____

_____

8. With what population(s) does your program work? Under "Gender," please cite the proportion of males to females (e.g., males 60%, females 40%).

Gender

males _____ females _____

Age Groups

children (0-10 years) _____ young adolescents (10-15) _____

adolescents (16-21 years) _____ young adults (22-25 years) _____

adults (26+ years) _____

Racial/Ethnic groups

African Americans _____ Whites _____

Latinos/Hispanics _____ Native Americans _____

Asian/Pacific Islanders _____

Specific Populations

parents _____ teachers _____

school administrators _____ health care providers _____

police _____ probation officers _____

judges _____ social workers _____

staff of youth orgs. _____

Others (please specify) _____

_____

9. Approximately how many people have participated in your program? Please provide as much information as possible (e.g., the number of teachers or parents trained, the number of students reached through classroom instruction, the number of adolescents who have received direct services from program staff).

_____

_____

_____

_____

_____

_____

_____

_____

_____

10. In what settings is your program operating?

community-based orgs.	____	health centers	____
prisons	____	juvenile detention facilities	____
shelters	____	hospitals	____
preschools	____	el. schools (grds. 1-5)	____
middle schools (grds. 6-8)	____	high schools (grds. 9-12)	____

Others (please specify) _____

11. What are your major program activities? Please check all that apply.

research	____	training	____
curr./materials dev.	____	counseling/therapy	____
technical assistance	____	clearinghouse/networking	____

Others (please specify) _____

12. What is the size of your paid program staff? _____ volunteers? _____

Title (after each name: P = paid, V = volunteer)	**% Time**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. What guiding philosophy shaped your program (e.g., was it based on a perceived need, research, an idea)?

_____

_____

_____

_____

_____

_____

14. Has your program been or is it currently being evaluated?_____
What kinds of information has been or is being collected (e.g., number of people served, interviews, anecdotes, tracking data). Please attach any available evaluation data.

15. Do you produce materials for use by others (e.g., curricula, program manual)? _____ If yes, please list by title, target population, cost, and availability. Please attach descriptions, if available.

16. Have any of your products been evaluated? _____ If yes, please place a checkmark next to each one listed above. Please attach any available evaluation data.

17. What other materials do you use to conduct your program? Please provide full references.

18. Has your program been replicated in other settings? yes _____ no _____ unsure_____
If no or unsure, could it be replicated? yes _____ no _____ unsure_____

19. What have been your program's three major achievements?

1. _____

_____

2. _____

_____

3. _____

_____

20. What do you consider the three major barriers to making your program work successfully?

1. _____

_____

2. _____

_____

3. _____

_____

21. Enclosed with this questionnaire is a list of violence prevention programs. If you are aware of other programs not listed, please cite them, including address and telephone number, if possible.

_____

_____

_____

_____

_____

_____

_____

Please feel free to submit any additional information about your program not requested as part of this questionnaire

Form completed by: _____ Date: _____

APPENDIX C

VIOLENCE PREVENTION FOR EARLY TEENS LOCAL ADVISORY COMMITTEE

Paul Bracy, M.Ed., Director, Office of Violence Prevention, Massachusetts Department of Public Health

Felton Earls, M.D., Professor of Human Behavior and Development, Harvard School of Public Health

Alice Hausman, M.P.H., Ph.D., General Pediatrics, Children's Hospital, Philadelphia

Rep. Barbara Hildt, Representative, 1st Essex District

Linda Bishop Hudson, M.P.H., Director, Violence Prevention Project

Paulette Johnson, M.Ed., Director of Youth Development, Roxbury Multi-Service Center

Linda Nathan, M.A., Assistant Director, The Fenway Program, English High School

Lydia O'Donnell, Ed.D., Senior Evaluator, EDC

Marc Posner, Ph.D., Senior Research Associate, EDC

Deborah Prothrow-Stith, M.D., Medical Director, Community Care Systems

Ron Slaby, Ph.D., Lecturer, Harvard University Department of Human Development and Psychology; Senior Scientist, EDC

Peter Stringham, M.D., East Boston Neighborhood Health Center

APPENDIX D

VIOLENCE PREVENTION PROGRAMS AND ORGANIZATIONS

QUESTIONNAIRE SENT (N = 83)

Ad Hoc Group Against Crime
Kansas City Health Department
City Hall, 10th Floor
Kansas City, MO 64106
(816) 274-1381
Mark A. Mitchell, Deputy Director

Agape (The Love of God for Humankind)
650 Greenwich Road
Ware, MA 01082
(413) 283-3880
Brayton Shanley, Director

Alternatives to Violence: A Course in Solving Conflict Peaceably
Humanity House
475 W. Market Street
Akron, OH 44303
(216) 864-5442

Alternatives to Violence
Peace Grows, Inc.
513 West Exchange
Akron, OH 44302
(216) 864-5442
Danene M. Bender, Director

Alternatives to Violence
3817 Atlantic Avenue, Suite 202
Long Beach, CA 90815
(213) 493-1161
Alyce LaViolette

Alternatives to Violence Project, Inc.
15 Rutherford Place
New York, NY 10003
(212) 477-1067
Paddy Lane

An Alternative Approach to the Reduction of Gang/Drug Violence
Say Yes, Inc.
3840 Crenshaw Boulevard, Suite 217
Los Angeles, CA 90008
(213) 295-5551
V.G. Guinses, Director

Andrew Glover Youth Program
100 Center Street
Manhattan Criminal Court, Room 1541
New York, NY 10013
(212) 349-6381
Bernadette Healy

Boston Conflict Resolution Program
Boston Area Educators for Social Responsibility
11 Garden Street
Cambridge, MA 02138
(617) 492-8820
William J. Kreidler, Director

Broader Urban Involvement and Leadership Development (BUILD)
1223 North Milwaukee Avenue
Chicago, IL 60622
(312) 227-2880
David Yancey, Program Director

Building Bridges (high school conflict resolution curriculum)
Harvard Negotiation Project
500 Pound Hall
Cambridge, MA 02138
(617) 495-1684
Jeffrey Rubin, Director

Building Conflict-Solving Skills
Conflict Management/Peer Mediation
Kansas Child Abuse Prevention Council
715 West 10th Street
Topeka, KS 66612
(913) 354-7738
Dr. James McHenry, Director

Center Against Abusive Behavior
131 North El Molino Street, Suite 380
Pasadena, CA 91101
(818) 796-7358
John Key

Center for Peace and Conflict Studies
Wayne State University
2319 Faculty Administration Building
Detroit, MI 48201
(313) 577-3468
Lillian Genser, Director
Center for Prevention and Control of Interpersonal Violence
Wayne State University School of Medicine
540 East Canfield
Detroit, MI 48201
(313) 577-1033
Dr. John Waller, Director

Center to Prevent Handgun Violence
1225 Eye Street, N.W., Suite 1100
Washington, DC 20005
(202) 289-7319
Barbara Lautman, Director

Challengers Boys Club
5029 South Vermont Avenue
Los Angeles, CA 90037
(213) 971-6161
Lou Dantzler, Director

Channeling Children's Anger
Institute for Mental Health Initiatives
4545 42nd Street, N.W., Suite 311
Washington, D.C. 20016
(202) 364-7111

Chicago Intervention Network
City of Chicago
Department of Human Services
South Chicago Community Services Center
8516 South Commercial Avenue
Chicago, IL 60617
(312) 375-4400

Children's Creative Response to Conflict
Box 271
Nyack, NY 10960
(914) 358-4601
Priscilla Prutzman, Program Coordinator

Come Together
Los Angeles County Probation Department
9150 East Imperial Way
Downey, CA 90242
(213) 940-2523
Mike Duran, Director

The Community Access Team
Hayward Police Department
300 West Winton Avenue
Hayward, Ca 94544
(415) 784-7013

Conflict Manager Programs
Community Board Center for Policy and Training
149 Ninth Street
San Francisco, CA 94103
(415) 552-1250

Dating Violence Intervention Project
Transition House
P.O. Box 530
Cambridge, MA 02238
(617) 868-8328
Carole Sousa, Director

East Boston Neighborhood Health Center
10 Gove Street
East Boston, MA 02128
(617) 569-5800
Peter Stringham, M.D.

Emerge
280 Green Street
Cambridge, MA 02139
(617) 868-8328
David Adams, Director

Facing History and Ourselves
Facing History and Ourselves National Foundation, Inc.
25 Kennard Street
Brookline, MA 02146
(617) 232-1595
Margot Stern Strom, Executive Director

Gang Alternatives Project (GAP)
Los Angeles Police Department,
Operations-South Bureau, CRASH
10211 South Avalon Boulevard
Whittier, CA 90003
Lieutenant Dennis P. Shirey, Director

Gang Crime Section
Chicago Police Department
1121 South State Street
Chicago, IL 60605
(312) 744-6328
Commander Sollie Vincent

Gang Prevention and Intervention Program
Turning Point Family Services, Inc.
12912 Brookhurst Street, Suite 150
Garden Grove, CA 92640
(714) 530-9690
Anthony D. Borbon, Director

Gang Violence Reduction Project
California Youth Authority
4629 Brooklyn Avenue
Los Angeles, CA 90022
Gilbert Garcia, Director

The Grace Contrino Abrams Peace Education
Foundation, Inc.
3550 Biscayne Boulevard, Suite 400
Miami, FL 33137
Warren S. Hoskins, Executive Director

Harvard Negotiation Project
500 Pound Hall
Cambridge, MA 02138
(617) 495-1684
Jeffery Rubin, Director

House of Umoja (Unity)
1410 North Frazier Street
Philadelphia, PA 19131
(215) 473-5893
Sister Falaka Fattah, Director

International Association for the Study of
Cooperation in Education
136 Liberty Street
Santa Cruz, CA 95060
(701) 777-2011
Nancy or Ted Graves

M.E.N., Inc.
222 Seward Street, Suite 202
Juneau, AK 99801
(907) 586-3585
Sharon Brogan

Miami Police Department Gang Detail
Community Relations Section
400 N.W. 2nd Avenue
Miami, FL 33128
(305) 579-6620
Sgt. Rimondi

National Association for Mediation in
Education (NAME)
425 Amity Street
Amherst, MA 01002
(413) 545-2462
Annette Townley, Director

National Conflict Resolution Initiative
Educators for Social Responsibility (ESR)
23 Garden Street
Cambridge, MA 02138
(617) 492-1764
Ruth Bowman, Director

National Crime Prevention Council
1700 K Street, N.W., 2nd Floor
Washington, D.C. 20006
(202) 466-6272
John C. Calhoun, Executive Director

National School Safety Center
Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
(818) 377-6200
Ronald D. Stephens, Executive Director

New Center Community Mental Health
Services
Where Have All the Children Gone? A Teen
Violence Prevention Program
2051 West Grand Boulevard
Detroit, MI 48208
(313) 895-4000
Roberta V. Sanders, Director

New Hope, Inc,
P.O. Box 48
Attleboro, MA 02703
(508) 266-4015

No Hang Ups
The Sheppard Pratt National Center for Human Development
6501 North Charles Street
P.O. Box 5503
Baltimore, MD 21285-5503
Careen R. Mayer, Program Director

Nonviolent Crisis Intervention
National Crisis Prevention Institute
3315-K Noprth 124th Street
Brookfield, WI 53005
(414) 783-5787
Linda K. Steiger, Director

"Ouch" Violence Prevention Project
Amherst H. Wilder Foundation
919 Lafond Avenue
St. Paul, MN 55104
(612) 642-4000
Tom Kingston, President
Eugene S. Urbain

The Paramount Plan: Alternatives to Gang Membership
City of Paramount
16400 Colorado Avenue
Paramount, CA 90723
(213) 220-2140
Tony Ostos, Director

Parent Management Training
(program for changing coercive family processes with aggressive boys)
Oregon Social Learning Center
207 East 5th Street, Suite 202
Eugene, OR 97401
(503) 485-2711
Gerald R. Patterson

Parent Outreach Project
Amherst H. Wilder Foundation
919 Lafond Avenue
St. Paul, MN 55104
(612) 642-4000
Tom Kingston, President
Eugene S. Urbain

Peer Negotiation Project
Judge Baker Guidance Center
295 Longwood Avenue
Boston, MA 02115
(617) 735-7724
Robert Selman

Philadelphia Injury Prevention Program
Philadelphia Health Department
500 Broad Street
Philadelphia, PA 19146
(215) 875-5667
Rudolph Sutton, Director

The Prevention Center
95 Berkeley Street
Boston, MA 02116
(617) 451-0049
Ralph Fuccillo, Director

Prevention of Violence During Teen Pregnancy
Texas Women's University
College of Nursing
1130 M.D. Anderson Boulevard
Houston, TX 77030
(713) 794-2138
Judith McFarlane, Director

Problem-Solving and Conflict Resolution Program
Boston Public Schools
26 Court Street
Boston, MA 02108
(617) 726-6200
Ken Caldwell

Programs to Aid Schools in Preventing Bullying
Board of Cooperative Educational Services
Pinesbridge Road
Yorktown Heights, NY 10598
(914) 245-2700
Dr. John Battles

Project Stress Control
Wholistic Stress Control Institute, Inc.
3480 Greenbriar Parkway, Suite 230
P.O. Box 42481
Atlanta, GA 30311
(404) 344-2021
Jennie C. Trotter, Director

Resolving Conflict Creatively Program
NYC Public Schools
163 Third Avenue, #239
New York, NY 10003
(212) 260-6290
Linda Lantieri, Executive Director

Resource Center for the Prevention of Family Violence and Sexual Abuse
Massachusetts Department of Public Health
150 Tremont Street, 7th Floor
Boston, MA
(617) 727-7222
Elba Crespo, Director

S.C.A.T. Program
Massachusetts Mental Health Center
20 Vining Street
Boston, MA 02115
(617) 734-1300 ext. 172
Dr. Barbara Bod
Anne Greenbaum

School-Based Mediation
School Mediation Associates
702 Green Street, #8
Cambridge, MA 02139
(617) 876-6074
Richard Cohen, Director

Second Step: A Violence Prevention Curriculum
Committee for Children
172 20th Avenue
Seattle, WA 98122
(206) 322-5050
Karen Bachelder, Director

Senior Tutors for Youth in Detention
3640 Grand Avenue, Suite 205
Oakland, CA 94610
(415) 839-1039
Dr. Sondra M. Napell, Director

Social Skills Training (SST)
Society for the Prevention of Violence (SPV)
3109 Mayfield Road
Cleveland Heights, OH 44118
(216) 371-5545
Ruth Weltmann-Begun, Director

Southern California Council on Battered Women
(Skills for Violence-Free Relationships: A Curriculum for Ages 13-18)
P.O. Box 5036
Santa Monica, CA 90405

Students at Risk (STAR)
Sheppard Pratt National Center for Human Development
6501 North Charles Street
P.O. Box 5503
Baltimore, MD 21285-5503
(301) 938-3908

"Talk To Me" Curriculum
Sheppard Pratt National Center for Human Development
6501 North Charles Street
P.O. Box 5503
Baltimore, MD 21285-5503
(301) 938-3908

Teen Dating Violence Project
Center for Battered Women
P.O. Box 17454
Austin, TX 78760
(512) 385-5181
Mary Robinson, Director

Teen Troubleshooters
Washington Heights-Inwood Coalition
652 West 187th Street
New York, NY 10033
(212) 781-6722
Ida Navarro

TIES
Dorchester Youth Collaborative
1514A Dorchester Avenue
Dorchester, MA 02122
(617) 288-1748
Emmett Fogert

United Community Center/Centro de al Comunidad Unida
1028 South 9th Street
Milwaukee, WI 53204
(414) 384-3100
Dr. Walter Sava, Director

U.S. Department of Community Justice Relation Service
5550 Friendship Boulevard
Chevy Chase, MD 20815
(301) 492-5929
Daryl Bornquist, Media Affairs Officer
(301) 492-5969
Barbara Greenberg

Victim's Services Program: Stop Black-on-Black Murder
Community Mental Health Council, Inc.
8704 South Constance Avenue
Chicago, IL 60617
(312) 734-4033
Carl C. Bell, Director

Viewpoints Training Program
University of Illinois at Chicago
Center for Research on Aggression
Department of Psychology
P.O. Box 4348, M/C 285
Chicago, IL 60680
(312) 413-2624
Nancy Guerra

Violence Is a Choice
South Shore Women's Center (SSWC)
14 Main Street
Plymouth, MA 02360
Susan H. Edwards, Youth Outreach Coordinator

Violence Prevention, Conflict Resolution
Pittsburgh Peace Institute
116 S. Highland Avenue
Pittsburgh, PA 15206
(412) 361-5900
Kathy Guthrie, Director

Violence Prevention Curriculum Project
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02160
(617) 969-7100
Renée Wilson-Brewer, Director

Violence Prevention Project
Health Promotion Program for Urban Youth
1010 Massachusetts Avenue
Boston, MA 02118
Linda Bishop Hudson, Director

Youth Counseling and Crime/Drug Prevention Program
Vietnamese Community of Orange County, Inc.
3701 West McFadden Avenue, Suite M
Santa Ana, CA 92704
(714) 775-2637
Tuong Nguyen, Director

Youth Development, Inc.
1710 Centro Familiar, S.W.
Albuquerque, NM 87105

Youth Outreach Program
Support Committee for Battered Women
P.O. Box 24
Waltham, MA 02254
(617) 891-0724
Chris Fenno, Director

Youth Violence Prevention Project, Prevention Program
Contra Costa Country Health Department
75 Santa Barbara Road
Pleasant Hill, CA 94523
Larry Cohen, Director

APPENDIX E

SELECTED VIOLENCE PREVENTION PROGRAM QUESTIONNAIRE RESPONSES

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
AGAPE Ware, MA	nonviolent education with a gospel base	1980-	males/females: equally ages: all racial/ethnic: all, except Native Americans specific pops.: parents, school administrators, staff of youth orgs., teachers, social workers; also inmates	all, except juvenile detention facilities, hospitals special focus: Catholic schools, grades 4-12	curriculum/materials dev., teaching		X
ALTERNATIVES TO VIOLENCE Alternatives Counseling/ Alternatives to Violence Long Beach, CA	counseling to battered women, batterers, and older children, as well as rape, incest, and childhood abuse survivors, training, seminars, workshops on spouse abuse and anger; expert witness services	1979-	males 60%, females 40% ages: 10-26+ year olds; primarily adults (90%) racial/ethnic: all specific pops.: data unavailable	all, except prison, juvenile detention facilities, elementary schools	curriculum/materials dev., technical assistance, training, counseling/therapy	X	
ALTERNATIVES TO VIOLENCE Peace Grows, Inc. Akron, OH	develop, demonstrate, and distribute peace and justice educational materials, teach nonviolence skills	1986-	data unavailable	all, except prisons	all, except counseling/therapy	X	
ALTERNATIVES TO VIOLENCE PROJECT, INC. New York, NY	tranformation of potentially violent conflict into nonviolent outcome, recruitment and training of volunteer trainers, work with youth	1975-	males 80%, females 20% ages: 16-26+ year olds racial/ethnic: all, except Asian/Pacific Islanders specific pops.: inmates, youth, adults	prisons, community-based orgs., shelters, juvenile detention facilities	curriculum/materials dev., training	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
AN ALTERNATIVE APPROACH TO THE REDUCTION OF GANG/DRUG VIOLENCE Sey Yes, Inc. Los Angeles, CA	reduce gang-related crime, provide gang awareness education, collaborate with law enforcement	1979-	males 75%, females 25% ages: all; 10-15 year olds (40%) racial/ethnic: all, except Native Americans; African Americans (60%) specific pops.: all, except health care providers	community-based orgs., prisons, juvenile detention facilities, elementary schools, middle schools, high schools	technical assistance, training, counseling/therapy, clearinghouse/ networking	X	
BOSTON CONFLICT RESOLUTION PROGRAM Boston Area Educators for Social Responsibility Cambridge, MA	prevent violence through conflict resolution education	1988-	males/females: equally ages: 0-12 year olds racial/ethnic: African Americans, whites, Latinos/Hispanics specific pops: school administrators, teachers, social workers	elementary schools	curriculum/materials dev., technical assistance, training	X	
BROADER URBAN INVOLVEMENT AND LEADERSHIP DEVELOPMENT (BUILD) Chicago, IL	reduction of illegal and antisocial behavior of youth and youth gangs, promote positive interaction between ethnic and racial groups, engage youth in activities to help develop constructive behavioral patterns	1969-	males 83%, females 17% ages: 10-21 year olds; 16-21 year olds (73%) racial/ethnic: all; African Americans, Latinos/ Hispanics (97%) specific pops.: parents, school administrators, teachers	community-based orgs., middle schools	training, counseling/therapy	X	
CENTER TO PREVENT HANDGUN VIOLENCE Washington, DC	public education on adults role in reducing intentional and unintentional handgun violence among children, education of children	1983-	males/females: equally ages: all racial/ethnic: all specific pops.: all, except judges, probation officers, social workers	elementary schools, middle schools, high schools	all, except training, counseling/therapy	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
CENTRO DE LA COMUNIDAD UNIDA/UNITED COMMUNITY CENTER Milwaukee, WI	gang violence reduction, anti-gang presentations, crisis mediation, counseling	1982-	males 90%, females 10% ages: 10-25 year olds racial/ethnic: African Americans (10%), Latinos/Hispanics (80%), whites (10%) specific pops.: all, except health care providers	community-based orgs., prisons, juvenile detention facilities, elementary schools, middle schools, high schools	counseling/therapy, positive alternatives for at-risk youth	X	
CHILDREN'S CREATIVE RESPONSE TO CONFLICT Nyack, NY	teach conflict resolution, problem solving, mediation, bias awareness	1972-	males/females: equally ages: all racial/ethnic: all specific pops.: all, except police, judges, probation officers	community-based orgs., prisons, shelters, preschools, elementary schools, middle schools, high schools	curriculum/materials dev., technical assistance, training, clearinghouse/ networking	X	
COME TOGETHER Los Angeles County Probation Department Downey, CA	inter-group relations, self-esteem, acceptance of authority, conflict resolution, acceptance by youth of adult support, gang violence, racial conflict	1965-	males/females: equally ages: 10-21 year olds racial/ethnic: all, except Native Americans specific pops.: all, except school administrators, judges	community-based orgs., high schools, probation facilities	research curriculum/materials dev., technical assistance, training, clearinghouse/ networking		X
CONFLICT MANAGEMENT AND MEDIATION Sheppard Pratt National Center for Human Development Baltimore, MD	teaching effective ways to resolve conflict without violence, to help students improve self-esteem, achievement rates, and attendance	to begin August 1990	males/females: data not provided ages: data not provided racial/ethnic: data not provided specific pops.: teachers, parents, students	middle schools	training		X

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
CONFLICT MANAGEMENT/PEER MEDIATION Kansas Child Abuse Prevention Council Topeka, KS	conflict resolution, peer mediation of playground disputes, conflict management	1988-	males/females: equally ages: 0-15 year olds racial/ethnic: primarily white specific pops.: school administrators, teachers, counselors	elementary schools, middle schools	curriculum/materials dev., technical assistance	X	
DATING VIOLENCE INTERVENTION PROJECT Emerge Cambridge, MA	collaborative program (with Transition House [below]) to prevent teen boys and girls from learning to accept violence in their earliest relationships, counseling for male batterers, teen dating violence, date rape	1987-	males/females: equally ages: 10-21 year olds racial/ethnic: all, except Native Americans specific pops.: parents, school administrators, staff of youth orgs., teachers, health care providers, social workers, school security personnel	community-based orgs., shelters, health centers, elementary schools, middle schools, high schools	all	X	
DATING VIOLENCE INTERVENTION PROJECT Transition House Cambridge, MA	teen dating violence education (in collaboration with EMERGE [above]), peer leadership training, theater, and art; support services to female adolescent victims of abuse	1986-	males/females: equally ages: 10-21 year olds racial/ethnic: all, except Native Americans specific pops.: school administrators, teachers, staff of youth orgs., health care providers, guidance counselors, student support services personnel	community-based orgs., health centers, high schools	curriculum/materials dev., technical assistance, training, counseling/therapy	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
EAST BOSTON NEIGHBORHOOD HEALTH CENTER East Boston, MA	comprehensive health care, including preventive work and violence prevention counseling	1973-	males/females: equally ages: 0-21 year olds racial/ethnic: all, except Native Americans; white (70%) specific pops.: parents, health care providers	health center, middle schools, high schools	counseling/therapy		X
FACING HISTORY AND OURSELVES Facing History and Ourselves National Foundation, Inc. Brookline, MA	moral education targeted to hatred, prejudice, racism, and indifference	1976-	males/females: equally ages: 10-26+ year olds racial/ethnic: all specific pops.: parents, school administrators, staff of youth orgs., teachers, interfaith groups	community-based orgs., middle schools, high schools	all, except counseling/therapy	X	
GANG ALTERNATIVES PROJECT (GAP) Los Angeles Police Department, Operations-South Bureau CRASH Los Angeles, CA	gang prevention education, assistance to parents an community residents	1986-	not available	community-based orgs., preschools, elementary schools, middle schools, high schools	all	X	
GANG PREVENTION AND INTERVENTION PROGRAM Turning Point Family Services, Inc. Garden Grove, CA	provide positive alternatives to youth at risk of gang activity, reduce gang recruitment and violence by youth	1986-	males 60%, females 40% ages: all racial/ethnic: all, except Native Americans; majority Latinos/Hispanics (47%) specific pops.: all; primarily parents (32%), teachers (22%)	all, except health centers, hospitals	all	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
GANG VIOLENCE REDUCTION PROJECT California Youth Authority Los Angeles, CA	reduce gang violence, mediate feuds, gang prevention	1976-	males 70%, females 30% ages: all; primarily 0-10 year olds (50%), 10-15 year olds (30%) racial/ethnic: Latinos/ Hispanics specific pops.: all, except judges, health care providers, social workers; primarily parents (40%)	community-based orgs., prisons, health centers, juvenile detention facilities, middle schools, high schools	training, counseling/therapy, clearinghouse/ networking, presentations, group activities/outings	X	
THE GRACE CONTRINO ABRAMS PEACE EDUCATION FOUNDATION, INC. Miami, FL	teach and help incorporate nonviolent conflict resolution techniques and peace studies into classrooms, award scholarships to students interested in peace studies	1980-	males/females: equally ages: all racial/ethnic: all specific pops.: parents, school administrators, staff of youth orgs., teachers, social workers	community-based orgs., preschools, elementary schools, middle schools, high schools	curriculum/materials dev., training	X	
NATIONAL ASSOCIATION FOR MEDIATION IN EDUCATION (NAME) University of Massachusetts Amherst, MA	support teaching of conflict resolution in educational institutions, peer mediation	1965-	males/females: data not provided ages: all racial/ethnic: all specific pops.: all	all	all, except counseling/therapy		X
NATIONAL CONFLICT RESOLUTION INITIATIVE Educators for Social Responsibility (ESR) Cambridge, MA	training, curriculum, support to teachers in violence prevention, diversity, conflict resolution	1990-	males 40%, females 60% ages: 26+ year olds racial/ethnic: all specific pops.: school administrators, teachers, social workers	elementary schools, middle schools, high schools; university schools of education	curriculum/materials dev., technical assistance, training		X

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
NATIONAL SCHOOL SAFETY CENTER Malibu, CA	promote safe schools free of drugs, gangs, weapons, vandalism, bullying; promote good discipline, attendance, community support; ensure quality education	1984-	males/females: equally ages: all; adults (65%) racial/ethnic: all specific pops.: all; primarily school administrators (35%), police (30%), teachers (15%)	community-based orgs., preschools, elementary schools, middle schools, high schools	all, except counseling/therapy	X	
NO HANG UPS Sheppard Pratt National Center for Human Development Baltimore, MD	call-in service for teens that addresses vital areas of concern to adolescents (emotional development, adjustment to parents, friends, school, anger, violence, gangs) through 2- to 4-min. tapes	1990	no data available		clearinghouse/ networking		X
NONVIOLENT CRISIS INTERVENTION National Crisis Prevention Institute Brookfield, WI	train human service providers in management of disruptive and assaultive behavior, violent situation intervention	1980-	males/females: equally ages: all racial/ethnic: all specific pops.: all	all, except preschools	training	X	
"OUCH" VIOLENCE PREVENTION PROGRAM Amherst H. Wilder Foundation St. Paul, MN	teach recognition and labeling of violence in daily life, identification of consequences of and alternatives to violence	1987-	males/females: equally ages: 0-10 year olds racial/ethnic: all; white (97%) specific pops.: teachers, students	elementary schools	curriculum/materials dev., theater play, classroom activities	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
THE PARAMOUNT PLAN: ALTERNATIVES TO GANG MEMBERSHIP City of Paramount, CA	prevention of gang membership	1982-	males/females: equally ages: 10-15 (80%), 26+ year olds racial/ethnic: all, except Native Americans specific pops.: parents, school administrators, police, teachers	middle schools	curriculum/materials dev., technical assistance, counseling/therapy	X	
PARENT OUTREACH PROJECT Amherst H. Wilder Foundation St. Paul, MN	prevention of child maltreatment, education of parent-child interactional conflicts, increase social support network of parents, promote healthy child development	1986-	males 2%, females 98% ages: parents of young children 0-3 year olds racial/ethnic: all, except Asian/Pacific Islanders; whites (90%) specific pops.: parents	community-based orgs.	parent education, social support, referral, well-baby care and developmental monitoring	X	
PHILADELPHIA INJURY PREVENTION PROGRAM Philadelphia Health Department, PA	raise awareness of violence as a public health problem, provide violence prevention resources, educate RN and MD students, conduct surveillance/research on violence; larger goal: reduce violence in Philadelphia	1986-	males/females: equally ages: all racial/ethnic: African Americans specific pops.: school administrators, teachers, health care providers	community-based orgs., preschools, hospitals	all, except clearinghouse/ networking	X	
PREVENTION OF VIOLENCE DURING TEEN PREGNANCY Texas Women's University Houston, TX	prevention of battering during teen pregnancy	1988-1989	males/females: equally ages: 16-21 year olds racial/ethnic: all specific pops.: parents, school administrators, staff of youth orgs., teachers, health care providers, social workers	community-based orgs., health centers, elementary schools, middle schools, high schools	curriculum/materials dev., training, counseling/therapy	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation Yes	Evaluation No
PROJECT STRESS CONTROL SCHOOL-BASED CURRICULUM Wholistic Stress Control Institute, Inc. Atlanta, GA	reduce stress in students, parents, teachers, and administrators by teaching positive coping skills for stress management, reduce violent incidences in school	1984-1987	males/females: equally ages: all racial/ethnic: all, except Native Americans; primarily African Americans (60%), whites (37%) specific pops.: parents, teachers, school administrators	elementary schools	curriculum/materials dev., technical assistance, training	X	
PROJECT STRESS CONTROL THROUGH STRESS MANAGEMENT FOR JUVENILES IN YOUTH DEVELOPMENT CENTERS Wholistic Stress Control Institute, Inc. Atlanta, GA	provide consultation, training, and educational resources in wholistic stress managmeent and drug education to staff and youth in development centers, as well as teachers	1988-1989	males/females: equally ages: 12-14 year olds racial/ethnic: primarily African Americans specific pops.: teachers, counselors, parents	juvenile detention facilities	curriculum/materials dev., technical assistance, training	X	
RESOLVING CONFLICT CREATIVELY PROGRAM Co-sponsors: New York City Board of Education, Office of Health, Physical Education, and School Sports and Educators for Social Responsibility, Metro Area New York, NY	teaching choices other than passivity or aggression to deal with conflict, increasing understanding and appreciation of other cultures	1985-	males/females: equally ages: all racial/ethnic: all specific pops.: parents, school administrators, teachers; also students	preschools, elementary schools, middle schools, high schools	curriculum/materials dev., technical assistance, training	X	
RESOURCE CENTER FOR THE PREVENTION OF FAMILY VIOLENCE AND SEXUAL ABUSE Massachusetts Department of Public Health Boston, MA	preventive education re: violence against women, technical assistance to battered women's shelters, rape crisis centers, health care providers, educators, criminal justice personnel	1985-	males/females: equally ages: 10-26+ year olds racial/ethnic: all specific pops.: parents, staff of youth orgs., teachers, health care providers, social workers		curriculum/materials dev., technical assistance, training, clearinghouse/ networking		X

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PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
SCHOOL-BASED MEDIATION School Mediation Associates Cambridge, MA	decrease school-based violence, conflict resolution, mediation training and institutionalization	1984-	males/females: equally ages: 10-26+ year olds racial/ethnic: all specific pops.: parents, school administrators, staff of youth orgs., teachers, social workers	community-based orgs., middle schools, high schools; also summer programs for youth	curriculum/materials dev., technical assistance, training	X	
SECOND STEP: A VIOLENCE PREVENTION CURRICULUM Committee for Children Seattle, WA	teach prosocial skills, build self-esteem, reduce impulsive and aggressive behavior, all for the prevention of youth violence	1987-	males/females: equally ages: 10-15 year olds, 16-21 year olds (spec. ed.) racial/ethnic: all specific pops.: all, except judges; also counselors, therapists, psychologists	all, except preschools, high schools; also special education	research, curriculum/materials dev., technical assistance, training	X	
SENIOR TUTORS FOR YOUTH IN DETENTION Oakland, CA	expose delinquent minors to positive elderly role models, build self-esteem, assist with academic, vocational, emotional, personal problems of delinquent youth	1983-	males/females: equally ages: 10-21 year olds racial/ethnic: all, except Native Americans specific pops.: senior retirees, juvenile offenders	juvenile detention facilities	training, counseling/therapy	X	
SOCIAL SKILLS TRAINING (SST) Society for the Prevention of Violence Cleveland Heights, OH	help children develop good judgment, self-esteem, self-respect, conflict resolution skills; prevent asocial behavior	1984-	males/females: equally ages: 0-16 year olds racial/ethnic: all, except Asian/Pacific Islanders; African Americans (75%) specific pops.: parents, staff of youth orgs., teachers, health care providers, social workers; also school principals, superintendents	community-based orgs., shelters, preschools, elementary schools, middle schools, health centers	research, curriculum/materials dev., training	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
STUDENTS AT RISK (STAR) Sheppard Pratt National Center for Human Development Baltimore, MD	training for educators in issues that underlie school failure and acting out (communication skills, self-esteem development, decisionmaking, wellness, conflict management, depression, loss)	1987-	males/females: data not provided ages: data not provided racial/ethnic: data not provided specific pops.: school administrators, teachers	middle schools	curriculum/materials dev., technical assistance, training, clearinghouse/ networking	X	
TEEN DATING VIOLENCE PROJECT Center for Battered Women Austin, TX	education about abuse, family violence prevention, support for victims, empowerment of young women	1989-	males 5%, females 95% ages: 10-21 year olds racial/ethnic: African Americans (30%), Latinos/Hispanics (60%), whites (10%) specific pops.: students	middle schools, high schools	research, curriculum/materials dev., training, counseling/therapy	X	
VICTIM'S SERVICES PROGRAM, STOP BLACK-ON-BLACK MURDER Community Mental Health Council, Inc. Chicago, IL	advocacy for responsible public policy; treatment that provides counseling for individuals or groups, as well as court advocacy; family counseling and support for families of physically and sexually assaulted victims and survivors of homicide; prevention by community education; and community development by training professionals and volunteers to aid victims and start victims services	1986-	males 5%, females 95% ages: all; primarily 22-25 year olds (45%), 26+ year olds (20%) racial/ethnic: African American (98%), Latinos/Hispanics, whites specific pops.: all, including churches	all, except prisons, juvenile detention facilities, elementary schools	all, including advocacy	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
VIEWPOINTS TRAINING PROGRAM University of Illinois at Chicago, Center for Research on Aggression, Department of Psychology Chicago, IL	change participants' attitudes about the appropriateness of aggression/violence; increase their skills at solving; social problem solving, reduce aggressive, violent, and criminal behavior	1984-	males 60%, females 40% ages: 10-21 year olds racial/ethnic: African Americans (40%), Latinos/Hispanics (40%), whites (20%) specific pops.: teachers, social workers	community-based orgs., prisons, juvenile detention facilities, middle schools, high schools	research, technical assistance, training, counseling/therapy	X	
VIOLENCE IS A CHOICE South Shore Women's Center Plymouth, MA	education: domestic and dating (interpersonal) violence; prevention: challenge violence-prone or passive attitudes; intervention: provide direct services and/or referrals for violence in interpersonal relationships	1988-	males/females: equally ages: 0-21 year olds racial/ethnic: all specific pops.: all, except probation officers	community-based orgs., shelters, middle schools, high schools	curriculum/materials dev., training, counseling/therapy	X	
VIOLENCE PREVENTION, CONFLICT RESOLUTION Pittsburgh Peace Institute Pittsburgh, PA	provide community-based education about alternatives to violence at every level, from interpersonal to international	1984-	males/females: equally ages: 10-26+ year olds racial/ethnic: African Americans, whites specific pops.: parents, school administrators, staff of youth organizations, teachers, social workers	community-based orgs., elementary schools, middle schools, high schools; also churches	curriculum/materials dev., technical assistance, training, clearinghouse/ networking	X	
VIOLENCE PREVENTION CURRICULUM PROJECT Education Development Center, Inc. Newton, MA	addresses violence and homicide among young people through curriculum that teaches homicide risk factors, anger channeling, conflict resolution, role-play; creates need in students to find alternatives to fighting	1986-1988	males/females: equally ages: 15-18 year olds racial/ethnic: all specific pops.: teachers, school nurses, counselors	high schools	curriculum/materials dev., training	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
VIOLENCE PREVENTION PROJECT Health Promotion Program for Urban Youth Boston, MA	prevent violent behavior among adolescents, train those who work with youth in violence prevention, generate service support for youth involved in violence and their friends and family members	1987-	males/females: equally ages: 16-26+ year olds racial/ethnic: primarily African Americans, whites specific pops.: parents, teachers, health care providers, staff of youth orgs.	community-based orgs., health centers, hospitals, high schools, juvenile detention facilities, prisons	curriculum/materials dev., technical assistance, training, clearinghouse/ networking	X	
WHERE HAVE ALL THE CHILDREN GONE? A TEEN VIOLENCE PREVENTION PROGRAM New Center Community Mental Health Services Detroit, MI	violence prevention via awareness and problem-solving skills (Note: also teen suicide prevention, peer pressure, and drug-free kids programs presented through video and workbook	1988-	males/females: equally ages: 10-21 year olds racial/ethnic: all specific pops.: staff of youth orgs., teachers, social workers	elementary schools, middle schools, high schools, youth orgs.	curriculum/materials dev., training	X	
YOUTH COUNSELING AND CRIME/DRUG PREVENTION PROGRAM Vietnamese Community of Orange County, Inc. Santa Ana, CA	provide counseling to troubled youth, parents; gang prevention education for Vietnamese parents, activities for youth; develop collaborations with local law enforcement, probation departments, school districts	1985-	males 80%, females 20% ages: 10-26+ year olds racial/ethnic: Vietnamese specific pops.: all, except health care providers	community-based orgs., juvenile detention facilities, middle schools, high schools	training, counseling/therapy; also gang/drug prevention at school	X	
YOUTH OUTREACH PROGRAM Support Committee for Battered Women Waltham, MA	increase teenagers' awareness of how violence and sex-role stereotypes as societal pressures affect their lives also, abuse as a symptom of unequal power relationships between men and women	1983-	males/females: equally ages: 16-21 year olds racial/ethnic: all, except Native Americans specific pops.: parents, school administrators, staff of youth organizations, teachers, health care providers, social workers	community-based orgs., health centers, elementary schools, middle schools, high schools	curriculum/materials dev., training, counseling/therapy	X	

PROGRAM Organization Location	GOALS	Years of Operation	Populations Served	Program Settings	Major Activities	Evaluation	
						Yes	No
YOUTH VIOLENCE PREVENTION PROJECT, PREVENTION PROGRAM Pleasant Hill, CA	reduction of adolescent suicide, date rape, fighting/assault; raise community awareness of preventability of violence; empower youth to promote alternatives to violence; stimulate violence prevention policies and activities across multiple systems	1987-	males 60%, females 40% ages: 16-26+ year olds racial/ethnic: all, except Native Americans; African Americans (40%), whites (30%) Latinos/ Hispanics (20%) specific pops.: parents, school administrators, staff of youth organizations, teachers, probation officers	community-based orgs., juvenile detention facilities, high schools, workplaces	curriculum/materials dev., technical assistance, training, clearinghouse/ networking	X	

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APPENDIX F

ADDITIONAL PROGRAM DESCRIPTIONS AND EVALUATION INFORMATION

Fifty-one programs returned the Violence Prevention Program Questionniare. Eleven have been described in Part II of this paper. The remaining 40 programs responded as follows when asked whether they have been evaluated:

- No data available (indicated some type of evaluation was conducted but that it is too outdated or otherwise unavailable): 14%
- No type of evaluation conducted: 5%
- Number of people served: 5%
- Participant evaluations: 21%
- Both monitoring and participant evaluations: 29%
- Outcome evaluation conducted: 26%

Thus, the majority of programs conducted some type of evaluation, although their definitions of what constituted evaluation ranged widely. Over half used participant evaluation/feedback after the program or curriculum as their sole evaluation measure. Of the 24 percent with some type of impact assessment, only a handful used any type of controlled, rigorous evaluation beyond a simple pre- and post-test. Some of those programs are described below. We have included some programs in which an evaluation was carried out with an audience younger than adolescence; these programs also reached the target age group, albeit did not evaluate their efforts with the teens. We have also included descriptions of a few other programs with only process evaluation because their methods or content appeared somewhat unique, were widely replicated, or had the potential for a more comprehensive evaluation.

1. Children's Creative Response to Conflict, Nyack, New York. Implemented 1972.

Goal: To teach teachers and children the skills of conflict resolution, including themes of cooperation, communication, affirmation, problem solving, mediation, and bias awareness.

Intervention: The program develops curricula and conducts training. The

Friendly Classroom for a Small Planet is a handbook on problem solving for various age groups.

Evaluation: Participants evaluate the program. Teachers are encouraged to conduct evaluation, but there is no tabulation or summary of results. Sample forms are in the handbook for the Coopersmith Self-Esteem Scale, a self-reported perception of "how I respond to conflict," and other activities for evaluating perceptions.

Comments: Like most of the violence prevention programs we surveyed, participant feedback is used, with no other measure of the effectiveness of the program.

2. Where Have all the Children Gone? New Center Community Mental Health Services, Detroit, Michigan. Implemented 1988.

Goal: The program seeks to provide violence prevention in classrooms through awareness and problem solving skills in an easily accessible, affordable, and easy-to-implement program.

Intervention: "Where Have all the Children Gone?" is a 26-minute videotape accompanied by a workbook with five 50-minute sessionsfor 10- to 17-year olds. The first year, over 6,000 youth participated in the program in Wayne County, MI. In the second year, the materials were distributed nationally, with no record of numbers of participants. No staff is designated to the program. However, the staff of the NCCMHS receive many requests to work with schools after violent situations.

Evaluation: Approximately 1,200 surveys were received by NCCMHS, representing 37 different groups of participants in "Where Have all the Children Gone?" In this survey, they rated their satisfaction with the program, reporting more confidence about preventing virtually all crime, and they felt they knew more about preventing violence. Ninety-eight percent believed the program would help them deal more effectively with conflicts in the future. The older youth who participated recommended that the program be presented to fourth- and fifth-grade children, as this is when students need to know how to deal with conflict, before they actually become involved with violent conflict resolution.

Since then, there has not been any evaluation of the curriculum by the NCCMHS. There is an evaluation component within the curriculum. Individual schools, therefore, are asked to conduct their own evaluation. No data have been gathered by NCCMHS.

Comments: Once again, student feedback on the course content is the sole

indicator of success. It is usually difficult, if not impossible, for participants to make judgments about the net impact because they lack appropriate knowledge for making such judgments.

3. "OUCH!" Violence Prevention Program, Amherst H. Wilder Foundation, St. Paul, Minnesota. Implemented 1987.

Goal: The "OUCH" program is aimed at teaching children and school staff alternatives to violence: to recognize and label violence in day-to-day life (school, home, TV, sports, neighborhood, and the world); to label both hurtful acts and works as violence; to teach the difference between anger and violence; to teach about the cycle of violence; to identify consequences and alternatives to violence; and to recognize that help is available when someone is a victim of violence.

Intervention: "OUCH!" consists of a live theater play and then a classroom curriculum with follow-up activities. It is a unique collaborative project between community theater (C.L.I.M.B.) and schools. The program targets the general population of elementary school children grades 3-6; 53,000 children (and 3,000 teachers) in approximately 150 elementary schools have participated. There is an initial classroom discussion of the play right after the viewing, and then other activities over a period of 4-6 weeks after the play, in 30-45 minute sessions. Key phrases from the play are emphasized in follow-up lessons so that teachers and students begin to build a common vocabulary. The teacher manual contains ten structured lesson plans and a variety of supplemental activities.

Evaluation: Two mental health consultants of the Wilder Foundation have carried out evaluation of the program. Process evaluation includes records of the number of persons served, as well as teacher and student ratings and reactions.

Evaluation of the program's effects on children's attitudes (perceptions of violence) has been carried out for the project and described in an article by Urbain, et.al. In 1987, a sample of 425 third- through sixth-grade students in a suburban and central city school completed both pre- and post-tests in self-evaluation instruments. The violence questionnaire consisted of 16 close-ended questions, followed by two open-ended questions.

The evaluation found that there was a positive change for the children after the program, in their perceptions (labelling) and attitudes about violence. They demonstrated greater identification of both hurtful words and hurtful acts as violence, increased differentiation of anger versus violent behavior, and, to a limited extent, greater endorsement of "talking to someone" versus "staying quiet" after observing a violent act. Children also perceived more violence

occurring in their schools as a result of program participation.

Many of the older children already knew the "correct" answers on the pretest, so that there was little change from pre- to post-test. The program had the most impact on younger children (younger than 12 years old). However, the young students did have some difficulty understanding the program ideas, for example, they were confused over the anger-violence distinction.

Teacher reactions to the play were evaluated, using a rating scale. Two months after the performance and the classroom activities, 19 teachers completed an evaluation of the entire program, which asked for their perceptions of changes in student behavior, on a scale from one (same as before) to seven (much more). The questionnaire also asked for feedback on what components of the workbook discussions and activities they used and found helpful. Overall, the teachers' reactions were quite positive. They said one problem was lack of time to incorporate the program into their regular class activities.

Comments: First of all, program has specific objectives that have been articulated that make evaluation of these specifics easier to assess. However, this raises questions of "teaching to the test." Furthermore, since so many children, particularly older ones, knew the correct answers in the pretest, it is difficult to determine what they actually learned from the play. There is no monitoring of teachers' activities in the follow-up sessions, so these probably vary widely.

The researchers themselves acknowledged that it is probable that the paper-and-pencil questionnaire format picked up children's tendency to endorse socially desirable (nonviolent) alternatives, and not assessing how they would actually behave if the situations described in the questionnaire actually happened to them. They note that it was not a direct objective of the program to measure reduction in violent behavior. "Rather, the intent was to take a first step towards behavioral change by creating a common vocabulary of self-control and nonviolent problem-solving concepts, and by creating an increased positive school climate for change, which a school could then build upon further if desired." However, it appears difficult to measure change in school climate without measuring behavioral change. If the first step is creating a common vocabulary, then an entire school might want to adopt a curriculum dealing with these concepts.

4. Philadelphia Injury Prevention Program, Philadelphia Health Department, Philadelphia, Pennsylvania. Implemented 1986.

Goal: Based in the Philadelphia Department of Health, the goal, as one component of a more general injury prevention program, is to raise awareness

of violence as a public health problem and reduce levels of violence in the city.

Intervention: The Philadelphia Injury Prevention Project provides violence prevention resources to teachers; educators nurses and physicians about violence prevention; and has carried out neighborhood-level surveillance and intervention activities. Following a cohort for four years, the surveillance system has documented violent injuries in an urban African American community, including a study of stabbing injuries. This has been used to focus attention on the need for effective intervention strategies. Diverse community-based activities have been implemented. For example, a citizen's board for injury prevention has been established; this board has sponsored a series of activities for youth (included an arts festival). Within target neighborhoods, in-house counseling has been provided to promote awareness of violence and adoption of violence prevention strategies, and prevention activities have been carried out in conjunction with a trauma center.

Evaluation: Surveillance data from the four-year cohort are now being analyzed; reports will be available soon. These will provide basic information on violent injuries as well as serve as an evaluation of program effectiveness.

Comments: Program staff cite several barriers to making the program work successfully, including a lack of funds to maintain a surveillance focus on violent injuries; lack of political support (leading to the funding problems), and racial divisions which complicate intervention planning.

5. Prevention of Violence During Teen Pregnancy, Texas Woman's University College of Nursing, Houston, Texas. Implemented in 1988 (funding expired in 1989).

Goal: The program seeks to inform persons involved in the health care, guidance, and support of teenagers about the prevalence of violence and availability of prevention interventions.

Intervention: The program is for use by RNs and student nurses, social workers, teachers and school counselors, and physicians and medical assistants. It consists of an 11-minute video presentation and accompanying pamphlets with facts on battering and with community resources. A protocol of care booklet was also included, giving the health care provider some beginning tools for assessment and intervention.

Evaluation: Evaluation of the prevention program consisted of an eight close-ended questions, administered pre- and post-session to the first 356 health-care providers who took the program. The questionnaire dealt with factual information presented during the video, as well as situational questions

that evaluated the subjects' understanding of interventions to prevent violence, and whether they routinely asked pregnant teens about violence in their relationships. Prior to the program, they were asked if they did assess for abuse, while at the conclusion, significantly more indicated they intended to assess for abuse. Participants also demonstrated greater knowledge of abuse after the program. No control group was used.

Comments: Once again, a simple pre-post test design was used, with its inherent problems. Since a control group was not used, one cannot say that changes in knowledge, attitudes, or intended behaviors were due to the program or to some other factor. A follow-up (e.g., two to four months after the program) to determine whether participants actually were assessing teens for violence would lend credibility to evaluation results. Client outcome was not evaluated formally. Anecdotal data indicated that the public service announcements and other information had an effect on women calling community information and resource centers.

6. Social Skills Training (SST), Society for Prevention of Violence, Cleveland Heights, Ohio. Implemented 1984.

Goal: The Society for Prevention of Violence seeks to make children acquire at an early age skills in communication, settling conflicts amicably, and self esteem.

Intervention: Curricula guides for preschool through grade 8 are written for use by teachers. Inservice sessions and other materials are available.

Evaluation: Curriculum guides are evaluated informally, by talking to teachers and principals to elicit feedback. Pre- and post-tests are administered to students to measure attitudes and behavior; however, these results are not analyzed systematically.

Comments: This program's evaluation is very similar to others described above, with the inherent weaknesses.

7. Teen Dating Violence Project, Center for Battered Women, Austin, Texas. Implemented 1989 (funded for one year).

Goal: The project seeks to provide education about abuse, support for victims, prevention of future family violence, and empowerment of young women.

Intervention: Sixty-two adolescent girls have participated in on-going groups, while 150 girls and boys have participated in classroom discussions in P.E.

classes, teen mother and father groups, and eight girls have received individual counseling. The groups contain many girls who are currently in violent dating relationships, while others are referred because of their high risk for relationship violence. The groups are psychoeducational in approach, and include education in the dynamics and effects of abuse and characteristics of abusers, as well as teaching skills in identifying and expressing feelings.

Evaluation: Evaluation consists of numbers served, group attendance, and other demographic data. In addition, pre- and post-tests are administered to participants, measuring self-esteem and locus of control; both are standardized tests. End of program evaluations are also completed by participants and school personnel. Posttest has not been administered and results will be available in summer 1990.

Comments: This project is using the pre- and post-test design, without control group. One strength is the use of standardized tests.

8. Victim's Services Program - Stop Black on Black Murder, Community Mental Health Council, Inc., Chicago, IL. Implemented 1986.

Goal: The program provides an array of services, including advocacy for responsible public policy; counseling and support for families of physically and sexually assaulted victims and survivors of homicide; prevention in the form of community education; and the training of professionals and volunteers who work with victims.

Intervention: The program has served several hundred victims and their significant others and has provided community education programs to over 7,000 participants.

Evaluation: Assessment of the program consists of monitoring the numbers served by the program, as required by the state funding agency. Feedback rating forms are filled out by participants at the end of community education and training programs; these forms are read through but not summarized. No outcome evaluation is currently conducted. (They are planning on conducting outcome evaluation in the future.)

9. Violence is a Choice, South Shore Women's Center, Plymouth, Massachusetts. Implemented 1988.

Goal: This battered women's agency, which works in the schools, has a three-pronged approach: education, prevention, and intervention. They hope to raise youth awareness about domestic and dating (interpersonal) violence.

Intervention: A curriculum, *Violence is a Choice*, has a flexible format (the format can be from 5 to 25 sessions). Major areas covered include myths and facts about interpersonal violence, the culture of violence, disguises of love, and skills for non-violence. The agency has trained 22 teachers and youth agency workers. From 1988 on, it has provided education activities in schools to over 2,000 students, mostly in high schools.

Evaluation: Evaluation of the curriculum consists primarily of records of numbers served (students reached in classrooms, teachers, professionals/community groups trained, teens participated in direct services, and number of schools and community agencies involved).
In Spring 1989, a pilot project was conducted with students in 11 classes (e.g., sociology, marriage preparation, health) in four high schools. The number of curriculum sessions varied across sites. Pre- and post-test questions were asked of the students testing their knowledge (16 questions) and assessing their attitudes toward violence (10 questions). In addition, at the end of the curriculum, students gave their own evaluation of the materials. Percentages of correct responses were tabulated for the sample as a whole and by school. No control or comparison group was used.

Comments: This program evaluation is similar to others already discussed in this paper. The variability in number of curriculum sessions is a real design problem.

10. Senior Tutors for Youth in Detention, Oakland, California. Implemented 1983 (not fully funded for rest of the year).

Goal: The program seeks to provide non-judgmental, non-authoritarian, successful grandparent types who can be role models, help children build and develop strong self-esteem, while assisting them with academic, vocational, emotional, and personal problems.

Intervention: Senior Tutors pairs up retired seniors with adolescent minors who are incarcerated in county detention facilities from two to nine months. The seniors conduct academic tutoring, vocational and personal counseling, parenting training, and befriending in weekly one-to-one two-hour sessions with the teens. The tutors receive weekly supervision and training

There are approximately 45 tutors in three facilities.

Evaluation: Weekly student feedback is written on 3 x 5" cards and collected by program staff. Staff look through these cards but do not analyze or evaluate them. They serve as topics for discussion during the weekly training sessions for the senior tutors. The staff of the juvenile institutions are asked questions about how long they have observed the program, what they have

noticed changing in the teens, and how they evaluate the program. The staff report that the day the senior tutors are there, the whole group of teens is more mannerly.

Staff report that there is documented recidivism rate for this target group of detainees, but results are unavailable.

There is a very positive effect on the senior tutors themselves, who feel they are adding years to their lives being involved in such a worthwhile endeavor.

Comments: The program director would be very interested in carrying out some type of evaluation that would document the effectiveness of the program. (Right now the student notes sit in a shoe box.) For instance, since the first 90 days after release are crucial for recidivism, she would like to compare those students in tutor programs with those not on how long they stay in school and whether they are arrested during those first 90 days. The records would be open to her if she could get funding to carry out a project (she has been unsuccessful in getting research funds). Although she knows it is making a positive difference, the director notes that one cannot expect a two-hour session once a week with an adult to change 15 or more years of difficulty these teens have faced during their lives.

11. Centro de la Comunidad Unida/United Community Center, Milwaukee, Wisconsin. Implemented 1982.

Goal: To reduce amount of gang violence in the community, to prevent youth from joining gangs, and to provide alternatives to gang-associated youth.

Intervention: This community organization provides an array of prevention and intervention activities: community presentations to school faculty and block watch anti-crime groups, anti-gang presentations in public schools, summer basketball league for gang-associated youth, field trips for at-risk youth to adult prisons for presentations by inmates. They also provide court advocacy, job placement, counseling, and referrals to drug programs. They are currently developing an anti-gang curriculum for training and in-service sessions.

The youth/gang intervention specialist (a staff of one) uses volunteers who are former gang members who assist him with school presentations, coordination of recreation, and security for festivals and dances.

Evaluation: Program monitoring is conducted by the state funding agency. They review case load files, checking to see if participants are gang-associated, their school status, referral status, and whether they've been adjudicated. They also review work logs, court advocacy logs, monthly

reports. Centro de la Comunidad Unida also receives some feedback from participants in community presentations, all positive.

Comments: There are possibilities here for conducting outcome assessments on the gang-affiliated youth who participate in the program, such as evaluation of impact on gang membership. Obviously, this would take additional funding and staff.

12. No Hang Ups, Sheppard Pratt National Center for Human Development, Baltimore, Maryland. Implemented 1990.

Goal: To address vital areas of concern to young adolescents.

Intervention: An educational call-in service has 35 2-4 minute tapes with information, support, and suggestions for ways teens can deal with their concerns about emotional development and adjustment to parents, friends or school. A few of the tapes deal with violence, handling anger, handling stress, and gangs and threats. Each tape suggests two books on the topic, gives a referral phone number, and upon request provides a parent guide "In Tune with Teens" without charge. In Baltimore, 33,000 calls were made during a trial two month period of service. The educational tape library will be on line September 1990.

No evaluation has been conducted yet.